

CACFP - MANDATORY ENROLLMENT ROSTER FOR FAMILY DAY CARE HOMES

PROVIDER: _____

MONTH/YEAR: _____

Day Care Service, Inc. 20-0270

Name of Child	Birth Date and Grade	Date of Enrollment OR Date of Withdrawal	Provider's Own Child OR Relative (O or R)	Hours (ex: 8am-4:15pm) and Days (ex: M-F) in Attendance	Parent/Guardian Name, Address and Phone Number (work and home)
1.					
2.					
3.					
4.					
5.					
6.					

I certify that the information on this enrollment record is true to the best of my knowledge. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SIGNATURE: _____

DATE: _____