

# CHILD ENROLLMENT FORM 2017-2018



**SPONSORING ORGANIZATION:**

Mason Meals Inc.  
310 S. 48<sup>th</sup> Street  
Philadelphia, PA 19139

PHONE: 215-695-6507

**PARTICIPATING CENTER:**

<b>CHILD'S FIRST NAME:</b>	<b>CHILD'S DATE OF BIRTH:</b>
	MM    DD    YY
<b>CHILD'S LAST NAME:</b>	

**ADDRESS:**

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**APT # OR FLOOR:**

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<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>

**PARENT / GUARDIAN:**

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**EMAIL:**

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**NORMAL HOURS OF CARE (Write In Times):**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START:	START:	START:	START:	START:	START:	START:
END:	END:	END:	END:	END:	END:	END:

**DAILY EXPECTED MEAL SERVICE PARTICIPATION (Please Check Box):**

Breakfast	Lunch	PM Snack	Supper	Eve Snack

Is this child school age?  YES  NO

If yes, will additional meals be provided when school is not in session?  YES  NO

If yes, please specify the meal:  BREAKFAST  LUNCH  PM SNACK  SUPPER

**PARENTAL CONTACTS:** This Child Care Facility participates in the Child and Adult Care Food Program. Mason Meals Inc. is the sponsor. In order to receive federal funds, representatives of the sponsoring organization may contact you to verify your child's participation. **Please indicate what time and method of contact you prefer.**

<b>TELEPHONE (HOME):</b>	<b>TELEPHONE (WORK):</b>

**REQUIRED: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

[PARENT OR GUARDIAN]

**REQUIRED: Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

[CENTER ADMINISTRATOR]

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<b>FOR SPONSOR USE ONLY</b>	<b>Child withdrew on</b> _____
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