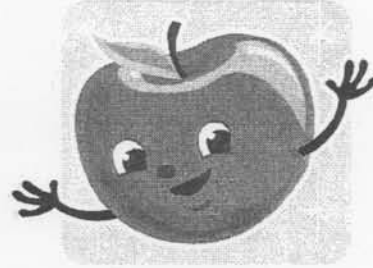


FOOD PROGRAM ENROLLMENT FORM

Facility Name: Little Angels Learning Center-Pflugerville



Please COMPLETE the following 8 items:

Complete por favor los siguientes 8 articulos

(1) **FULL NAME OF CHILD**/Nombre completo del niño:

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES _____

(2) **CHILD'S DATE OF BIRTH**/Fecha de nacimiento: _____

(3) **ENROLLMENT DATE**/Día Enrolado: _____

(4) **TIMES IN CARE**/Las horas en cuidado: 6:30 TO 6:00 (EXAMPLE 6 AM TO 5:30 PM)

(5) **DAYS IN CARE**/Los días en cuidado: Mon Tues Wed Thur Fri Sat Sun (Please circle applicable days)

(6) **MEALS NORMALLY SERVED TO CHILD WHILE IN CARE**/

Las comidas sirvidas normalmente al niño mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EV SNACK
(Please Circle Meals)

(7) _____
Signature—Parent or Adult Household Member
Firma de un miembro adulto de la unidad familiar

(8) _____
DATE OF SIGNATURE
Fecha

FOR OFFICE USE ONLY (SOLO PARA EL USO DE LA AGENCIA):

WITHDRAWAL DATE: _____ RACE: _____

This center's CACFP is operated in accordance with the USDA's policies and does not permit discrimination on the basis of race, color, sex, disability, national origin, age, religion, or political beliefs.

Complaints regarding discrimination should be forwarded to the following parties: (1) TIHSC, Civil Rights Dept., Austin, TX 78714 or (2) USDA, Office of Civil Rights, Washington, DC 20250-9410.