

**ENROLLMENT WORKSHEET**

Minot AFB: ABC Food Program  
300 Summit Drive, Suite 308  
Minot AFB ND 58705

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**CHILD INFO:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

**PARENT INFO:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_ Male \_\_\_\_ Female Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Over Night Stay Approved: \_\_\_\_ Yes \_\_\_\_ No

**WORK SCHEDULE:**

\_\_\_\_ Do Not Work \_\_\_\_ Typical 9 to 5 \_\_\_\_ Night Shift \_\_\_\_ Work Schedule Varies

**FORMULA OPTION:**

**FOOD OPTION:**

\_\_\_\_ Parent Supplies Breast Milk or Formula  
\_\_\_\_ Parent Accepts Provider-Supplied Formula

\_\_\_\_ Parent Supplies Additional Food and Refuses Provider's Foods  
\_\_\_\_ Provider Supplies Additional Foods When Developmentally Appropriate

Name of Parent Formula: \_\_\_\_\_

**SCHOOL INFO:**

**ETHNICITY:**

**RACE:**

\_\_\_\_ School Age \_\_\_\_ AM Kindergarten \_\_\_\_ AM Headstart \_\_\_\_ Hispanic/Latino \_\_\_\_ American Indian / Alaska Native  
\_\_\_\_ Home School \_\_\_\_ PM Kindergarten \_\_\_\_ PM Headstart \_\_\_\_ Not Hispanic or Latino \_\_\_\_ Asian  
\_\_\_\_ All Year School \_\_\_\_ All Day Kindergarten \_\_\_\_ All Day Headstart \_\_\_\_ Native Hawaiian / Pacific Islander  
\_\_\_\_ White

School Name: \_\_\_\_\_

School Number: \_\_\_\_\_ School District: \_\_\_\_\_

School Depart Time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM Return Time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Days Attending School: \_\_\_\_ MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ FRI

**CHILD ATTENDANCE:**

I anticipate the Days my child will participate will be: \_\_\_\_ MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ FRI \_\_\_\_ SAT \_\_\_\_ SUN \_\_\_\_ Days will vary

Drop Off Time \_\_\_\_\_ AM / PM Pick Up Time \_\_\_\_\_ AM / PM \_\_\_\_\_ Times will vary

I anticipate the Meals my child will participate will be: \_\_\_\_ Breakfast \_\_\_\_ AM Snack \_\_\_\_ Lunch \_\_\_\_ PM Snack \_\_\_\_ Dinner \_\_\_\_ Evening Snack

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_