

New Enrollment Information

Child's Name: _____

Child's Date of Birth: _____

Today's Date: ____/____/____

Expected Start Date: ____/____/____

Parent/Legal Guardian's Name: _____

Primary Phone Number: _____

Parent/Legal Guardian's Name: _____

Primary Phone Number: _____

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):

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.....

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What milk does your child drink? (choose one)

- ☐ Cow Milk
- ☐ Soy Milk* (*Parent signed form required.)
- ☐ Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)

Dairy Containing Foods ☐ Yes ☐ No^ (^Doctor signed form required.)

(milk, cheese, butter, yogurt, sour cream, etc.)

First Week Schedule

Monday _____:_____ - _____:_____

Tuesday _____:_____ - _____:_____

Wednesday _____:_____ - _____:_____

Thursday _____:_____ - _____:_____

Friday _____:_____ - _____:_____

Please schedule on the half hour: 8:00; 8:30; 9:00, etc.

Changes submitted on Wednesday for the following week.

Typical Schedule (if different)

Monday _____:_____ - _____:_____

Tuesday _____:_____ - _____:_____

Wednesday _____:_____ - _____:_____

Thursday _____:_____ - _____:_____

Friday _____:_____ - _____:_____

Please schedule on the half hour: 8:00; 8:30; 9:00, etc.

Changes submitted on Wednesday for the following week.