

New Enrollment Information

Child's Name: _____

Child's Date of Birth: _____

Today's Date: ___/___/___

Expected Start Date: ___/___/___

Mother's Name: _____

Phone Number: _____

Father's Name: _____

Phone Number: _____

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

What does 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.)
- Cheese Yes No^ (^Doctor signed form required.)
- Dairy Yes No^ (^Doctor signed form required.)
- Soy Yes No^ (^Doctor signed form required.)

First Week Schedule

Monday _____:_____ - _____:_____

Tuesday _____:_____ - _____:_____

Wednesday _____:_____ - _____:_____

Thursday _____:_____ - _____:_____

Friday _____:_____ - _____:_____

Please schedule on the quarter hour: Example: 8:00; 8:15; 8:30; 8:45, etc
Schedule changes can be made each Wednesday for the following week.

