

2021 - 2022

DUMAS WESLEY COMMUNITY CENTER
126 MOBILE STREET – P. O. BOX 7865
MOBILE, AL 36670-0865

FAMILY HOME DAY CARE FOOD PROGRAM

NAME OF DAY CARE PROVIDER _____

ADDRESS _____

PHONE _____

CHILD'S DATE OF ENROLLMENT _____

CHILD'S NAME _____

CHILD'S ADDRESS _____

CITY

STATE

ZIP

PHONE _____

DATE OF BIRTH _____

AGE _____

SEX _____

ETHNICITY: PLEASE CHECK THE ETHNIC IDENTITY OF YOUR CHILD

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

RACE: PLEASE MARK ONE OR MORE OF THE FOLLOWING:

American Indian or Alaskan Native

Black or African American

Asian

White

Native Hawaiian or Other Pacific Islander

Other

This is to verify that _____ is enrolled
PRINT or TYPE Child's Name

in the Family Home Day Care Program listed above.

Parent/or Guardian's Signature _____

Day Care Provider's Signature _____

Date Child Withdrawn _____

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If this child is provider's own child, is there an updated income verification form on file? Yes No