

# Enrollment Renewal

WebHx - Joe TeddyBear (106999999) - Claim Month: January 2005 - Microsoft Internet Explorer

Main Daily Activities Children Menu Planning Claims **Reports** Misc Help



The illustration features a central sun with an apple logo and the text 'inube au'. Surrounding it are several scenes: a child on a slide labeled 'Record in & Out', a child playing with a dog labeled 'List Children', a child running labeled 'Enroll Child', a child at a table labeled 'Record meals', a child with a dog labeled 'Review Meals', and a child on a playset labeled 'Help'. Below the illustration are three buttons: 'Plan Menu Template', 'Schedule Meals', and 'Submit claim'. A checkbox labeled 'Slow Internet connection? Click to hide site graphics' is also present.

Plan Menu Template Schedule Meals Submit claim

Slow Internet connection? Click to hide site graphics

start 3 D... Min... Inb... W 2 M... We... 1:57 PM

# Enrollment Renewal

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Main Daily Activities Children Menu Planning Claims Reports Misc Help

- Child ▶ Child In/Out Times Report
- Claim ▶ Enrollment Renewal Worksheet
- Menu Planning ▶ Blank Enrollment Worksheet

Record In & Out

Enroll Child

Keep Children

Record meals

Review Meals

Help

Plan Menu Template

Schedule Meals

Submit Claim

Slow Internet connection? Click to hide site graphics

start

31 M... I... W 21 W... M...

2:02 PM

## Enrollment Renewal Report

(02/01/2005 - 01/31/2006)

Congratulations! Your child care provider participates in the Child & Adult Care Food Program (CACFP), a nutrition program funded by the United States Department of Agriculture (USDA) and sponsored by **BJ Jordan Child Care Programs**. The purpose of this program is to promote good eating habits among children. Providers receive cash reimbursement for approved meals. As a participant, your provider has agreed to follow USDA minimum standards in the planning and serving of meals to the children in her/his care. All food served to participating children must be provided by the day care provider.

**TO PARENT(S):** Please check the information below for your child. Check the address (city, state, zip), and phone # and the drop-off and pick-up times. Please circle any information that is incorrect, and add any corrected or missing information in the space provided. Also, be sure to indicate both the days and meals your child will attend. You may be contacted by BJ Jordan Child Care Programs regarding the meals claimed for your child. You **MUST** sign on the line to the right of the meals you indicate.

Monitor:

Prov #: 999999

Provider Name: **TeddyBear, Joe**

Provider

Signature:

Child No	Child Name	Phone	Time	Relation	DOB	DOE	Race
Address	Home/Work	Picked Up	Dropped Off	Sch Type	Days / Meals Participate		

2-1	Afflect, Ben		7:00am	None	10 / 02 / 1999	11 / 01 / 2003	
	222 hollywood blvd		6:00 pm				_____ <i>Parent's signature</i>
	LA, CA 94555				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> We <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> D <input type="checkbox"/> E		

1-19	Bush, George		7:00am	None	10 / 02 / 1999	09 / 01 / 2003	
	333 pennny way		6:00 pm				_____ <i>Parent's signature</i>
	sacramento, CA 99999				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> We <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> D <input type="checkbox"/> E		

1-5	Clooney, George	(916) 876-5940	7:00am	Own	10 / 02 / 1996	08 / 01 / 2003	W
	1234 Homestead Way		5:00 pm				_____ <i>Parent's signature</i>
	Sacramento, CA 95666				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> We <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> L <input checked="" type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E		

1-28	dfdfs, dfdfsd		7:00am	None	06 / 02 / 2003	06 / 01 / 2004	
	333dfasdf		6:00 pm				_____ <i>Parent's signature</i>
	dfsdsd, CA 95555				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E		

1-27	dfg, fsdf		7:00am	None	07 / 09 / 2002	06 / 14 / 2004	
	324fads		3:30 pm				_____ <i>Parent's signature</i>
	bbb, CA 95555				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> We <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E		

2-2	Eastwood, Clint	(916) 444-6372	7:00am	Foster	07 / 07 / 1999	08 / 01 / 2003	W
	888 8Ball Lane		6:00 pm				_____ <i>Parent's signature</i>
	Sacramento, CA 99967				<input checked="" type="checkbox"/> Mo <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> We <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		_____ <i>Date</i>
					<input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> D <input type="checkbox"/> E		

**Note to Parent: By signing this form, hereby certify that the information given here is true & correct to the best of your knowledge.**

*In accordance with Federal law and United States Department of Agriculture (USDA) policy this institute is prohibited from discriminating on the basis of race, color, national origin, age, sex or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400*

Make your changes to the scheduled days, hours, and or meals; have the parent “Sign-Off” on the Signature line on the right hand side of the form.  
Please mail to:

Beanstalk  
3325 Myrtle Ave  
North Highlands, CA 95660