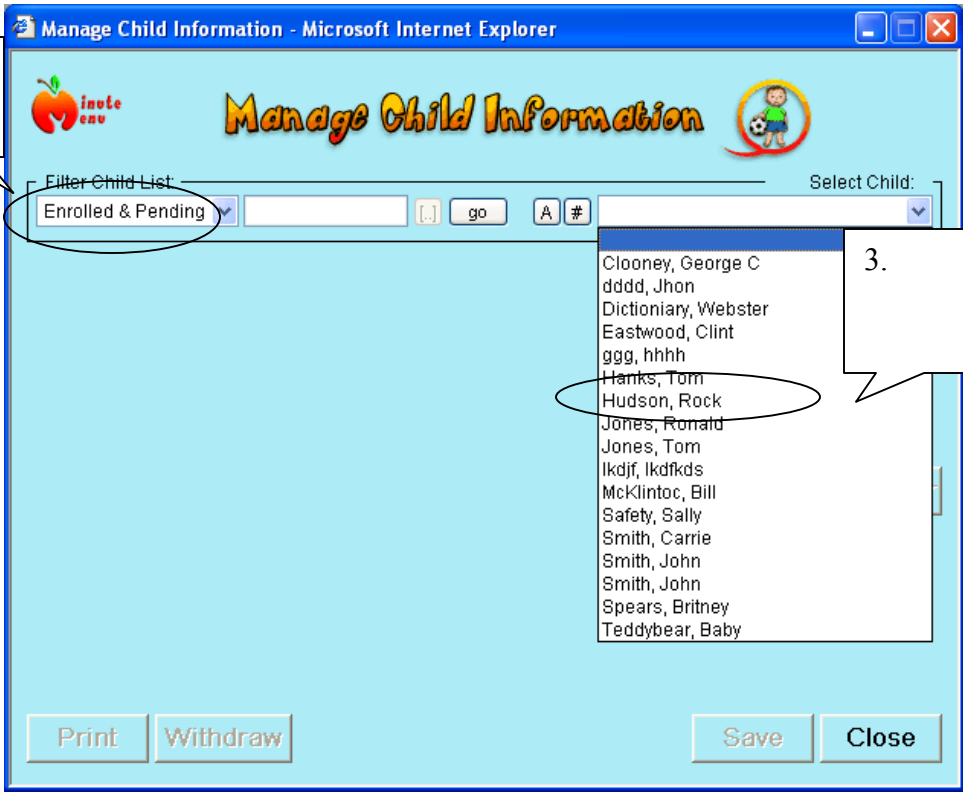




1.



2.

3.

Manage Child Information - Microsoft Internet Explorer

 **Manage Child Information** 

Filter Child List: _____ Select Child: _____

Enrolled & Pending [v] [.] go A # Hudson, Rock [v]

| Child | Parent | Schedule | Special |
|---|--------|----------|---------|
| *First Name: <input type="text" value="Rock"/> MI: <input type="text"/> *Last Name: <input type="text" value="Hudson"/> | | | |
| *Date of Birth: <input type="text" value="8/15/1999"/> [.] Age: 4y 8m Status: Active | | | |
| *Address: <input type="text" value="595 Hillsdale Blvd"/> <input type="button" value="Copy from Sibling"/> | | | |
| *City: <input type="text" value="Sacramento"/> *State: <input type="text" value="CA"/> *Zip Code: <input type="text" value="99778-0000"/> | | | |
| *Relation to Provider: <input type="text" value="Not Related (Day Care Child)"/> | | | |
| Sex: <input type="text" value="Male"/> <input checked="" type="checkbox"/> Participates in CACFP | | | |
| Child Race (check all that apply): | | | |
| <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Not Given | | | |
| *Enrollment Date: <input type="text" value="8/1/2003"/> [.] Enrollment Form Printed: 9/8/2003 | | | |
| Child Number: 1-8 | | | |

4.

Provider: **TeddyBear Test #999999**
111 No Name Lane
Sacramento CA 95825
Phone: (916) 555-5555
Monitor: KJ (12)
Tier: M

CHILD ENROLLMENT REPORT

Food Program Sponsoring Agency:
BJ Jordan Child Care Programs
3325 Myrtle Ave
North Highlands CA 95660
(916) 344-8259

CHILD INFO: Child #: 7 Status: Pending Group: 2
First Name: **Rock** MI: Last Name: **Hudson** Ethnicity:
Address: **595 Hillsdale Blvd** Race:
City: **Sacramento** State: **CA** Zip Code: **99778** Sex: **Male**
Date of Birth: ~~08/25/1999~~ Enrollment Date: **02/02/2010** Withdrawal Date:
Age as of Date Printed: 10y 5m

PARENT INFO:
First Name: **Rocky** MI: Last Name: **Hudson**
Address: **595 Hillsdale Blvd**
City: **Sacramento** State: **CA** Zip Code: **99778** Email:
Phone: Home: (916) 555-1212 Alt: Work: Work Name:

Birthday is wrong, (or any change) cross-out, Write in corrected item. Parent **MUST sign the Change(s) AND the Bottom of the form.** Mail back to Sponsor.

NORMAL SCHEDULE:
Participating Days: MON TUE WED THU FRI We
Participating Meals: BRK AMS LUN PMS Weekend Times:

SCHOOL INFO:
School Type: **School Age** School Number:
School Name: School District: **Alameda City Unified**
School Depart/Return Times: Days Attend:

SPECIAL INFO:
Participates in CACFP: **YES** Relation to Provider: **Not Related/Day Care Child**
Special Needs: **NO**
Special Diet: **NO**
If either are YES, attach a signed medical statement.

Breastmilk and Iron-Fortified Infant Formula (IFIF)
Your provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the

Current Format: Adobe Reader
You need **Adobe Reader** to view this report. You may not be able to generate all formats. Use the HTML format if you cannot view the other formats.
Change Format **Print** **Close**