CHILD CARE COUNCIL OF SUFFOLK, INC.
CACFP COVID REMOTE/ HYBRID LEARNING ENROLLMENT FORM

This enrollment form is intended for school-aged children who are attending day care fully remote or hybrid for the 2020 – 2021 school year.

PROVIDER INFORMATION:

Provider # ____________________________________________________________
Name of Day Care or Owner/Operator ________________________________
On-Site Provider (if different) __________________________________________

CHILD INFORMATION:

Child’s Name ____________________________ DOB __________ Male ☐ Female ☐
Child’s Name ____________________________ DOB __________ Male ☐ Female ☐

Child(ren)’s Ethnic Information (Choose one option per child)
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child(ren)’s Racial Information
☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Black or African American

REMOTE/HYBRID INFORMATION:
Does child(ren) receive in-school instruction: ☐ Yes ☐ No Name of School: ________________________________
Days child receives in school instruction: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri
Does child(ren) work remotely at day care: ☐ Yes ☐ No
Days child(ren) work remotely at day care: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri
Meals child receives in day care:
☐ Breakfast ☐ AM snack ☐ Lunch ☐ PM Snack ☐ Dinner/Supper

CONTACT INFORMATION FOR PARENT/GUARDIAN – to be completed by Parent/Guardian

Parent / Guardian Name____________________________________________ Email Address: ________________________________
Home Address: ________________________________________________________
Phone Number_________________________ ☐ Home ☐ Cell ☐ Work
Phone Number_________________________ ☐ Home ☐ Cell ☐ Work
Parent/Guardian Signature: ______________________ Date: ________________

FOR SPONSOR USE ONLY
______________________________________________________________
Received by ______________________ Date Received: ______________________
Approved ☐ Yes ☐ NO