

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 INFOFIMATION:

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: _____

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Received by _____
Approved Yes NO

Date Received: _____