			DAY C	ARE ENROLLMENT	VICES		7
		PROGRAM NAME	ADDRESS			PHONE NU	MBER:
PHOTO OF CHILD (Optional)		CHILD'S FULL NAME:			DATE OF BIR	THE .	GEN
		PREFERRED NAME/NICKNAME: CHILD'S HOME ADDRESS:			- /	1	
		NAME OF PERSON ENRICLLING CH	H.D.	RELATIONSHIP TO CHILD:			
		NAME OF PERSON ENHOLLING CHILD:		Parent Guardian Caretaker Relative			
PHO	NE NUMBER(S) OF PERS	SON ENROLLING CHILD:	☐ ok to text	ADDRESS OF PERSON ENROLL	ING CHILD (IF	DIFFERENT 1	HAN CH
EMA	IL ADDRESS:		_ ON TO TEXT				
01/03	EMERGENCY	CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER	PHONE NUM	BER / EN
	PRIMARY CONTACT:			() -	V 1 -		
LINEO			□Yes □No	ok to text	□ ok to te	oxt	
NC			☐ Yes ☐ No	()	()		
EMERGENCY INFO				ok to text	ok to text		
			☐ Yes ☐ No	() -	()	***	
				Ok to text	ok to text		
OP	PROGRAM USE ONL	v		FOR PROGRAM USE ONLY			-
ATE	OF ENROLLMENT:	1 1		DATE OF DISENROLLMENT:			
0	CFS-LDSS-0792 (08/2019 CHILD'S FULL NAME:	I) REVERSE			DATE	OF BIRTH:	
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