**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider #: \_\_\_\_\_\_\_\_\_**

**parent statement for**

**Child enrollment updates/changes**

**Child’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drop Off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**(** $√$ **If applies) Times Vary: \_\_\_\_\_\_\_ Days Vary: \_\_\_\_\_\_**

**Days of the Week:**

 **Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

**Meal Services: Breakfast AMS Lunch PMS Dinner Evening Snack (circle all that apply)**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Revised 12/2015**