St. Paul Lutheran YKT Child Care Center
DBA: The Learning Garden
Director: Tracie Fielding
UCN # 06432

CACFP Admission Information

Child's Name: _____ **Date of Birth:** _____

Date of Admission: _____ **Date of Withdrawal:** _____

Meals:
I understand that the following meals will be served to my child while in care:

☐ None
☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Supper ☐ Evening Snack

Days and Times in Care:

Day (circle all that apply): M T W TH F Hours: _____am to _____pm

Signatures

_____ _____
Child's Parent or Legal Guardian Date

_____ _____
Center Designee Date

For Office Use Only: Form Updates

Date: _____ Parent Signature: _____ Staff Initials: _____
Date: _____ Parent Signature: _____ Staff Initials: _____
Date: _____ Parent Signature: _____ Staff Initials: _____
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