

DYESS AFB CHILD DEVELOPMENT CENTER  
 7 SVS/SVYC  
 201 AVENUE D  
 DYESS AFB TX 79607

# ENROLLMENT FORM

Telephone: 325-696-4337

Note: FORM MUST BE FILLED OUT ACCURATELY AND COMPLETELY TO ENSURE REIMBURSEMENT

NAME OF CHILD:	SEX:	DATE OF BIRTH:
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<i>Please Circle Meals Served</i>					
Breakfast	AM Snack	Lunch	Snack	Supper	PM Snack

ENROLLMENT DATE:	WITHDRAWAL DATE:
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TIME IN:	TIME OUT:	<i>Please Circle Days in Care</i>						
<b>AM/PM</b>	<b>AM/PM</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>

ETHNIC GROUP ( <i>please check one</i> )	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	<input type="checkbox"/>	AMERICAN INDIAN
	<input type="checkbox"/>	BLACK	<input type="checkbox"/>	NATIVE ALASKAN
	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>	WHITE

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief. If you think you have been discriminated against, you must write immediately to: Director of Civil Rights, Texas Department of Human Services, MC E-609, 701 West 51st Street, Austin, TX. or the Secretary of Agriculture, Washington, DC 20250.

PARENT/GUARDIAN'S SIGNATURE:	DATE:
PARENT'S STREET AND CITY ADDRESS:	ZIP CODE:
PARENT'S HOME TELEPHONE:	PARENT'S WORK TELEPHONE:

Information contained on this form may not be used for any purpose other than to verify the children's attendance if deemed necessary. You are required to keep the form in your records for as long as the child is enrolled. When the child is no longer enrolled, please fill in "Withdrawal Date".