

Child's name: _____ Date: _____

My child is enrolled at FOREVER YOUNG the following days:

PLEASE CIRCLE ALL THAT APPLY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

and will be attending during the hours of _____ to _____

The meals s/he will be eating while at school are:

PLEASE CIRCLE ALL THAT APPLY

BREAKFAST SNACK(AM) LUNCH SNACK(PM)

Parent/Guardian's signature: _____ Date: _____

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