## Notice of Change in Enrollment Child and Adult Care Food Program

6	MCPS
	$\overline{}$

Division of Food and Nutrition Services MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, MD 20850

<b>INSTRUCTIONS</b> : This form must be sent in at the end of the month with MCPS form 240-54: <i>Monthly Invoice, Child Care Food Program</i> , to claim meals for new enrollments.							
Provider Name		last	Vendor #				
Provider Address <u>Street</u>		City	MD State	710 Carla	Phone		
Street		City	State	ZIP Code			
Name of Child		Last			// Date of Birth		
				als claimed: 🗌	$B \square AM \square L \square PM \square Supper$		
Parents Name		Last			Daytime Phone Number		
				State _	ZIP Code		
Date Child Started in G	Care//		Date Ch	ild Ended Care	e Permanently//		
Add 🗆 Drop 🗆 Ch	ange	Signature, Parent			///		
Name of Child		Last			// Date of Birth		
	_ Days of Care: □ M–F	Other (be specific)	Mea	als claimed: $\Box$	B 🗌 AM 🗌 L 🗌 PM 🗌 Supper		
Parents Name		Last			Daytime Phone Number		
		City			ZIP Code		
Date Child Started in (					e Permanently//		
Add Drop Ch	ange	Signature, Parent			// 		
Name of Child		Last					
					Date of Birth B □ AM □ L □ PM □ Supper		
			11100		Daytime Phone Number		
					Daytime Phone Number ZIP Code		
Date Child Started in C					e Permanently//		
Add 🗆 Drop 🗆 Ch	ange	Signature, Parent			//		
Name of Child		Last			// Date of Birth		
Hours of Care	_ Days of Care: 🗌 M–F	Other (be specific)	Mea	als claimed: 🗌	B 🗌 AM 🗌 L 🗌 PM 🗌 Supper		
Parents Name		Last			Daytime Phone Number		
Parent Address: Street		City		State _	ZIP Code		
	Care//			ild Ended Care	e Permanently//		
Add 🗌 Drop 🗌 Ch	ange	Signature, Parent			// Date		
Name of Child							
			N 4	la claimad. 🗆	Date of Birth		
	-				B AM L PM Supper		
Parents Name Parent Address: Street		Last		Ctata	Daytime Phone Number		
	 Care//	City			e Permanently//		
$\square$ Add $\square$ Drop $\square$ Ch					///////		
		Signature, Parent			Date		

MCPS Form 240-50, 11/05

DISTRIBUTION: COPY 1/Division of Food and Nutrition Services; COPY 2/Provider