



**Child and Adult Care Food Program
Enrollment Statement**

Name of child(ren)

age(s) _____ is (are) enrolled at

Little Blessings DayCare

Family Worship Center Foursquare Church
1120 4th Street NE
Watertown, SD 57201
Kjersten Fisk, Office Manager
Telephone (605) 886-4113

Period October 1, 2018 to September 30, 2019

Signature _____
Parent/Guardian Date

Signature _____
Center Official Date

“This institution is an equal opportunity provider”

For Center use only
Child withdrawn on _____

