

St. Michael's Episcopal Day Preschool  
2925 Bonifacio St. Concord, Ca. 94519  
Phone: (925)685-8862  
Fax: (925)685-3518



California Food Program Enrollment form 2016-2017

My child/ren \_\_\_\_\_ are currently enrolled at St. Michael's Episcopal Day Preschool.

My child/ren attend/s St. Michael's Episcopal Day Preschool \_\_\_\_\_ days a week.

My child/ren attend/s St. Michael's Episcopal Day Preschool between the hours of \_\_\_\_\_ am and \_\_\_\_\_ pm.

My child/ren eat/s the following meals at St. Michaels Preschool: (Please check all that apply)

- \_\_\_\_ Breakfast (6:15-8:30am)
- \_\_\_\_ Am Snack (9:30-10:00am)
- \_\_\_\_ Lunch (12:00-12:30pm)
- \_\_\_\_ PM Snack (3:30-4:00pm)

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date