

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 2019-2020

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