**CLASSROOM ENROLLMENT ROSTER**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation (Vendor) Number: \_\_\_\_\_\_\_\_\_\_ Classroom letter: \_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Last name, First name***(exactly as in proof of birth)* | **Date of Birth***(MM/DD/YY)***PILOT PROVIDERS ONLY** | **Child** **Application***(signed* *and dated)* | **Proof of** **Residence***(must match application)* | **Proof of** **Birth*****(attached)*** | **Certificate****Of Eligibility** | **Office use only****Results****Enrolled****Or****Returned** | ***OFFICE USE ONLY*****Comments** |
| 1. |  / / |  |  |  |  |  |  |
| 2. |  / / |  |  |  |  |  |  |
| 3. |  / / |  |  |  |  |  |  |
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| 19. |  / / |  |  |  |  |  |  |
| 20. |  / / |  |  |  |  |  |  |

*Pilot providers understand that submission of this Enrollment form and the child’s enrollment package does not constitute authorization to enroll the child(ren). Please complete a separate enrollment form for each class.*

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Provider:** 1. **Mail** original documents attached to this form to:

 2. **Keep** yellow copy of certificate and return original white copy with this form. | ***OFFICE USE ONLY***Received:  | ***OFFICE USE ONLY***Children in EFS: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |