**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. | / / |  |  |  |  |  |  |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |