

This form is **only** to be utilized when more than four (4) children are enrolled and attend the child care center OR there are additional household members in the home. This form **must be attached to NS-100-C**. Please do not duplicate names of children listed on Part 1 of the Income Eligibility and Enrollment Form or duplicate the names of household members listed in Part 3b.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Regular Days of Care								Meals Served During Care						Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A M	L	P M	D	E V					
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ White or Caucasian[illegible]

Nebraska Department of Education Nutrition Services