

**Child and Adult Care Food Program  
ENROLLMENT ROSTER  
Fiscal Year 2006–07**

Study Month \_\_\_\_\_

Use this form to prepare an enrollment roster. Alphabetize by last name. You must have a roster for each site. Summarize on the Enrollment Data Summary form. Retain a copy in your files for audit and administrative reviews. If you are a renewing sponsor do not send to OSPI. Each proprietary site must meet eligibility requirements.

Name of Site: _____							
Name of Institution: _____							
NO.	NAME OF CHILD ENROLLED	E/IEA or EF on File	Service Code for Title XX Centers	CLAIMING CATEGORIES			OSPI Use Only
				Free	Reduced- Price	Above- Scale	
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TOTAL ENROLLMENT (THIS PAGE) \_\_\_\_\_ = \_\_\_\_\_

**Renewing Institutions: For internal use only—Do not return to OSPI.  
New Institutions: Send to OSPI with your agreement.  
All Institutions: Maintain a copy for audit purposes.**

NO.	NAME OF CHILD ENROLLED	E/IEA or EF on File	Service Code for Title XX Centers	CLAIMING CATEGORIES			OSPI Use Only
				Free	Reduced- Price	Above- Scale	
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SUBTOTAL ENROLLMENT (THIS PAGE) \_\_\_\_\_ = \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_ = \_\_\_\_\_