

**Child and Adult Care Food Program
ENROLLMENT ROSTER
Fiscal Year 2007–08**

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 | 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 | CLAIMING CATEGORIES | | | OSPI Use Only |
|-----|------------------------|---------------------------|---------------------|-------------------|-----------------|------------------|
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SUBTOTAL ENROLLMENT (THIS PAGE) _____ = _____

GRAND TOTAL _____ = _____