

PROVIDER NAME: HALL ACADEMY

PROVIDER #: 16031

**PARENT STATEMENT FOR
CHILD ENROLLMENT UPDATES/CHANGES**

Child's Name(s) _____

Drop Off Time: _____ Pick Up Time: _____

(If applies) Times Vary: _____ Days Vary: _____

Days of the Week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meal Services: Breakfast AMS Lunch PMS Dinner Evening Snack

(CIRCLE ALL THAT APPLY)

Parent Signature: _____ Date: _____