

<h2>Child Enrollment Request Form</h2>			
<i>(Utilized when family already entered in COPA)</i>			
<b>Date of Request:</b> _____			
<b>Delegate Agency:</b>			
<b>Site:</b> _____			
<b>Name of Agency Contact:</b> _____			
<b>Phone # of Contact:</b> _____			
<b>Program Model:</b> _____			
<b>Program Option:</b> _____			
<b>Family Name (Last, First):</b>			
<b>Family DOB:</b> _____			
<b>Family ID (if applicable):</b> _____			
<b>Child Name (Last, First):</b>			
<b>Child DOB:</b> _____			
<b>Child ID (if applicable):</b> _____			
	<b>Child Start Date:</b>		
<p><b>Be advised that once the child is placed in COPA through DFSS, It is the agencies responsibility to input and/or make appropriate changes to the child's enrollment information.</b></p> <p><i>(This includes: Ethnicities, Language Spoken, SSN, Program model, income, etc.)</i></p>			

