

**Adult Day Care Center  
ENROLLMENT STATEMENT**

\_\_\_\_\_, Age \_\_\_\_\_ is enrolled at  
(Name of Participant)

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(Name of Center)

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(Address of Center)

Starting on \_\_\_\_\_  
(Month/Day/Year)

Signature: \_\_\_\_\_  
(Participant, Adult Household Member or Guardian)

\_\_\_\_\_  
(Date)

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You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities:  Hispanic or Latino  Not Hispanic or Latino

Please mark one or more of the following racial identities:  American Indian or Alaska Native  
 Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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For Center Use Only:

Adult Participant withdrew on \_\_\_\_\_  
(Date)

An Enrollment Form needs to be completed one time when an Adult enters the day care program, after Adult Day Care Centers are responsible for updating each participant's Plan of Care annually and keep the Enrollment forms on file as long as the participant remains in the program