

Child and Adult Care Food Program Child Enrollment Form

Enrollment Date: _____

Child _____ Address _____ Birth date _____	Parent/Guardian _____ Address _____ Telephone (home) ___ - _____ (work) _____
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Please indicate sex of child: Male ___ Female ___	Center/Home _____ Address _____
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please circle all ethnicity or races that apply:

Ethnicity: Hispanic/Latino

Race: American Indian/Alaska Native Asian Black or African Am. Native Hawaiian/Pacific Islander White

Normal Hours of Care (write in times)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:	Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:	End:

* If more than 8 hours of care per day, please attach an explanation to this form.

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Is this child of school age? ___ Yes ___ No If yes, will additional meals be provided when school is not in session? ___ Yes ___ No If yes, please specify the meal: ___ Breakfast ___ Lunch ___ Snack ___ Supper

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

___ Day	___ Evening	___ Time
___ Letter	___ Telephone (home)	___ Telephone (work)

Signature _____
Parent/Guardian

Date _____

Signature _____
Center Administrator/Home Provider

Date _____

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs)."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."