Child and Adult Care Food Program Child Enrollment Form

| Enrollment Date: | | | | | | | |
|---|---------------------------------------|---------------------|-----------------|----------------|----------------|----------------|--|
| Child | | | Parent/Guardian | | | | |
| Birth date | | | | Phone () | | | |
| 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 | | | | | | | |
| | Normal Hours of Care (write in times) | | | | | | |
| Monday | Tuesday Start: | Wednesday Start: | Thursday | Friday | Saturday | Sunday | |
| Start: End: | End: | End: | Start: End: | Start: End: | Start: End: | Start: End: | |
| Daily Expected Meal Service Participation (please check box) | | | | | | | |
| Breakfast AM Sna | | | | Snack | Dinner | Eve Snack | |
| Is this child of school age?YesNoIf yes, will additional meals be provided when school is not in session?YesNo If yes, please specify the meal:BreakfastLunchSnackSupper Signature Date Parent/Guardian Parent/Guardian | | | | | | | |
| Signature Home Provider | | | | te | | _ | |

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD 3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint</u> Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: program.intake@usda.gov