

CHILD & ADULT CARE FOOD PROGRAM

ENROLLMENT FORM: **NEW** _____ **or** **UPDATE** _____

		SEX
1.	_____, Date of birth _____	M F
	(Name of Participating Child)	
2.	_____, Date of birth _____	M F
	(Name of Participating Child)	
3.	_____, Date of birth _____	M F
	(Name of Participating Child)	

is enrolled at: _____
(PROVIDER'S NAME)

(ADDRESS)

START DATE: _____ SHIFT WORK: YES _____ NO _____
(MONTH/DAY/YEAR)

Days of week child(ren) are normally in care: (circle all that apply) Mon Tue Wed Thu Fri Sat Sun

Time Arrive _____ Time leave for School/ Head Start _____

Time return from School/ Head Start _____ Time leave for the Day _____

NAME OF SCHOOL _____ **MEALS ELIGIBLE**

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EVENING SNACK

Parent/Guardian Telephone: Home: _____ Work: _____

Address: _____
(Street, City, State, Zip)

Signature: _____ _____
(PARENT/GUARDIAN) (Date)

Printed Signature: _____

RACIAL / ETHNIC DATA

Each year we are required to file a report of the ethnic breakdown of all children enrolled in the Child & Adult Care Food Program. The collection of this information is strictly for statistical reporting. Please check the block that applies to your child.

WHITE (not Hispanic)	BLACK (not Hispanic)	HISPANIC	AMERICAN INDIAN or ALASKAN	ASIAN or PACIFIC ISLANDER	NATIVE HAWAIIAN/ ALASKAN

The Child & Adult Care Food Program provides reimbursement for each meal and snack served, therefore parents need not provide or pay for any food served to their enrolled children.

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 or retaliation. If you require this information in alternative format (Braille, Lg. Print, Audio Tape, etc.), contact the USDA's TARGET Center @ 202-720-2600. (voice or TDD). If you require information about this program, activity or facility in a language other than English, contact the USDA Agency responsible for the program or activity, or any USDA office. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call, toll free, 866-632-9992 (V). TDD users can contact USDA through local relay or the Federal Relay @ 800-877-8339 (TDD) or 866-377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Child withdrawn on: _____ (Date)