

FY _____

CHILD ENROLLMENT APPLICATION

Enrollment Application for child, 0 through 12 years, not residing in provider's home.

Provider use ONLY

- RE-ENROLL
 UPDATE

Provider's Name	Street Address	City & Zip
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INSTRUCTIONS: The parent or guardian must complete this form in ink and return it to the child care facility. Please print all

Statement of Understanding: My child(ren) is (are) enrolled in the care of the above provider and I understand that by completing this application that my child(ren) will participate in the Child and Adult Care Food Program (CACFP). I understand that the CACFP reimburses child care providers for serving nutritious, well-balanced meals to children while in child care.

Child's First and Last Name <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Infant	Birthdate	Hours in Care <input type="checkbox"/> Varied	Holiday Care?	Date Enrolled
	IN	OUT	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Usual days of care (circle): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
Expected Meals (circle): Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

School Hours (if applicable) _____

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1) Are any of the children considered special needs? Yes No 2) Special dietary needs? Yes No

3) Food allergies? Yes No **If you marked "Yes" on 1, 2, or 3 please explain:** _____

(Signed Medical Statement and/or IEP must be attached for all children with special needs.) (Physician's Statement must be attached.)

If you have an Infant enrolled, will the parent or the provider provide the milk? _____

What type of milk? Breastmilk or Formula? _____

I understand that my child(ren) will receive meals when they are in attendance during any of the scheduled meal services. I also understand that the child care facility cannot and will not discriminate for reasons of race, color, national origin, sex, age or disability. The USDA is an equal opportunity provider and employer.

Parent Signature	Print Name	Date
Street Address and Mailing Address (if different)	City & Zip	Home Phone
Parent Occupation	Migrant Parents <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone
	Email	Cell Phone

Please circle your child's correct racial ethnicity. The collection of this information is in compliance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements, it will not affect consideration of your application or your child's participation in CACFP.

ETHNICITY: (1) Hispanic/Latino (2) Not Hispanic or Latino

RACE: (1) American Indian or Alaskan Native (2) Asian (3) Black or African American (4) Native Hawaiian/Pacific Islander (5) White

U.S. Department of Agriculture (USDA) Nondiscrimination Statement 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: <https://www.usda.gov/sites/default/files/documents/ad-3027.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

This institution is an equal opportunity provider.