

USDA CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM
(To Be Filled Out by the Parent or Guardian ONLY) IMMEDIATE RETURN REQUIRED
 This form must be updated annually



Child Care Center or Provider Name

I wish to enroll my child/children whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program, which reimburses Centers and Providers for serving nutritious, well-balanced Meals to children in their care.

NAME OF CHILD Last, First PLEASE PRINT	BIRTH DATE (Mo/Day/Yr)	USUAL HOURS IN CARE		USUAL MEALS NEEDED MARK X OR OCCASIONAL					
		From	To	BKFST	AM SNACK	LUNCH	PM SNACK	DINNER	LATE SNACK
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						

Days in care on a normal week (circle): Sun. Mon. Tue. Wed. Thur. Fri. Sat.

Holidays child/children will be in attendance: _____

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services.

Parent Signature: _____ Date: _____

Parent(s) Name(s): _____

Parent Address _____

Home Phone Number: (____) _____ Work Phone Numbers: (____) _____ (____) _____

Race/Ethnic Identity: You are not required to answer these questions. (Please circle all that apply)

Hispanic or Latino Non Hispanic or Latino American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

For Institution/Facility Use Only:

Signature of Institution/Facility Representative:

Date enrolled: _____

Date signed: _____

Date the participant withdrew: _____

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determination and Verification of data for Child and Adult Care Food Program purposes.

“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. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”