

# Child and Adult Care Food Program -- Child Enrollment Form

Enrollment Date: \_\_\_\_\_

<b>Child</b> _____ Address _____ _____ Birth date _____	<b>Parent/Guardian</b> _____ Address _____ _____ Telephone (home) _____ (work) _____
--	---

<b>Sponsoring Organization</b> _____ Address _____ _____	<b>Center/Home</b> _____ Address _____ _____
--	--

**Normal Hours of Care:** (write in times\*) \*If more than 8 hours of care per day, please attach an explanation to this form.

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

**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

**Household 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) _____ (work)
-----------	---------------	------------	--------------	--------------------------------------

\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**Signature** Parent/Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** Center Administrator/Home Provider \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

**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."*

**For Sponsor Use Only**

Child withdrew on \_\_\_\_\_