



Child and Adult Care Food Program  
**CHILD ENROLLMENT FORM**

Provider Name: \_\_\_\_\_

**Note to Parents/Guardians:** Your child(ren) is enrolled for care at a day care facility that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the day care facility is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the day care facility is required to have parent's complete enrollment information annually for each child enrolled for care. This form will be placed in our files and treated as confidential information.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care					Ethnic/Race*		
		Arrival Time	Leave Time	M	T	W	TH	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn	Ethnicity	Race

Mark this box if these children are related to the provider. How are they related? \_\_\_\_\_

\* **Ethnicity** (Select one and enter in chart above): **H**=Hispanic or Latino or **N**=Not Hispanic or Latino

\* **Race** (Select one and enter in chart above): **W**=White, **B**=Black or African American, **I**=American Indian or Alaskan Native, **A**=Asian, or **P**=Native Hawaiian or Other Pacific Islander

Does the child(ren) regularly attend another program (preschool, school, etc.)? \_\_\_ Yes or \_\_\_ No

Does the child(ren)'s schedule vary? \_\_\_ Generally Not \_\_\_ Frequently \_\_\_ Drop In Care

If yes, list name, circle days and list time not in care at this home:

Child's Name: \_\_\_\_\_ M T W T F S S  
 Time Leave: \_\_\_\_\_ Time Return: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ M T W T F S S  
 Time Leave: \_\_\_\_\_ Time Return: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell or Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete this section only if your child is under 1 year*

**FORMULA offered by the provider:** Name of formula \_\_\_\_\_

**SOLIDS: check one**

I accept the provider's food when my infant is developmentally ready.

I decline and will provide the solid foods for my infant.

I accept the provider's formula

I decline the provider's formula and will provide \_\_\_\_\_

I will supply breastmilk

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/USDA-OASCR%20P-Complaint-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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.