# Child and Adult Care Food Program
# Child Enrollment Form

**Enrollment Date:**

**Child** _____
Address _____
_____
Birth date _____

**Parent/Guardian** _____
Address _____
_____
Telephone (home)_____(work)_____

**Sponsoring Organization** _____
Address _____
_____

**Center/Home** _____
Address _____
_____

**Normal Hours of Care** (write in times)*

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|
| Start:<br>End: | Start:<br>End: | Start:<br>End: | Start:<br>End: | Start:<br>End: | Start:<br>End: | Start:<br>End: |

* If more than 8 hours of care per day, please attach an explanation to this form.

**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

**Parental 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) _____Telephone (work)

**Signature** _____ **Date** _____
Parent/Guardian

**Signature** _____ **Date** _____
Center Administrator/Home Provider

***"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."***

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**For Sponsor Use Only**

Child withdrew on _____