

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Provider Name _____

Address _____

Phone _____

____ NEW
 ____ UPDATE/RENEWAL



Dear Parent/Guardian:

By completion of this document, you are enrolling your child in the Child and Adult Care Food Program that is Sponsored by Children & Families First. The CACFP is a federally funded program under the USDA which extends the National School Lunch Program to children in family child care homes. Your provider has chosen to participate in this program, and agrees to follow the guidelines and regulations mandated by the program. In return, your provider is reimbursed a meal rate to help with the cost of serving nutritious meals to all children in her/his care.

<p>Participating Child _____</p> <p>Enrollment Date ____/____/____</p> <p>Date of Birth ____/____/____ Age _____ Sex M F</p> <p>Normal Hours in Care: from _____ to _____</p> <p>Normal Days of Care: M T W T F Sat Sun</p> <p>Normal Meals Expected served daily in Care:</p> <p>Breakfast Am Snack Lunch Pm Snack Supper Eve Snack</p>	<p>Name of School/PS/HS _____</p> <p>Leave for school _____ Return from school _____</p> <p>Racial/Ethnic Data: Please mark one of the following ethnic identities: ___ Hispanic or Latino ___ Not Hispanic or Latino</p> <p>Please mark one or more of the following racial identities: ___ American Indian or Alaska Native ___ Native Hawaiian or Other Pacific Islander ___ Asian ___ Black or African American ___ White</p> <p><small>Race and ethnicity information is requested by the USDA to assure compliance with Title IV. Collection is strictly for statistical reporting requirements.</small></p>
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I understand that my child/children will receive meals at no charge to me when they are in care during any of the scheduled meal services. I have received information which explains the goals of the Child and Adult Care Food Program. I understand that I may be contacted by my providers sponsor, Children & Families First, regarding meals she/he has claimed. If I need to be contacted by phone/mail to update and/or verify this information my contact information is:

Parent/Guardian Contacts Home Phone _____ Work Phone _____ Cell _____

Address _____
 (STREET, APT # , CITY, STATE, ZIP)

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date ____/____/____

Sponsor Use Only	
Determining Official _____	Date ____/____/____ Participant/s Exit Date ____/____/____

Non Discrimination Statement Revised December 2015
 In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) 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. Additionally, program information is available in languages other than English. To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found on line at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 Fax: (202) 690-7442; or Email: Program.intake@usda.gov