USDA FOOD PROGRAM ENROLLMENT FORM

[TO BE FILLED OUT BY PARENT/GUARDIAN ONLY]

This information will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

Child Care Providers Name: _____

Circle one: New or Update

Childs#	Childs Full Name	Date of Birth	School Level: Preschool	Kindergarten	Elementary	Usual Hours in Care	Usual Meals (Mark "X" or "occ"): Breakfast	AM Snack	Lunch	PM Snack	Dinner	Late Snack
						From: To:						
						From: To:						
						From: To:						

1. Date of first day in care: ____/____/____ (MM/DD/YY)

2. Usual number of days in care: _____ Days

3. Days of week usually in care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

4. If child care schedule occasionally varies from the above;

A. Please mark days that vary: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

B. Please mark hours and meals that vary: **From:** _____ **To:** _____ ☐ B ☐ A ☐ L ☐ P ☐ D ☐ LNS

5. Please initial if child is in care when there is no school: _____

6. Is child (check one) ☐Related/nonresident ☐Not related/daycare child ☐Own child ☐Provider's foster child ☐Helper's child?

7. Comments on child's schedule: _____

8. Note any food allergies here: _____

**** A note from doctor or RN is required if dairy, wheat or other significant allergy.***

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any of the scheduled meal services, as those meals will be charged to USDA. I have received a copy of Building for the Future which explains the goals of the Child and Adult Care Food Program. I understand that the child care home cannot and will not discriminate for reasons of race, color, national origin, age, sex, or disability.

If there is more than one parent or guardian responsible for the child(ren), please fill out complete information for BOTH adults.		
Parent or Guardian Name — *please print*	**Employer**	**Work Phone**
Parent or Guardian Name — *please print*	**Employer**	**Work Phone**

Email Address		
Address	**City**	**Zip Code**
Parent or Guardian Signature	**Date**	**Home Phone**

If needed, I would prefer being called to update or verify this information at: ☐Home ☐Work **Best time to call:**

RACIAL-ETHNIC HERITAGE OF YOUR <u>CHILDREN</u> — Although you are not required to provide this information, your cooperation will help determine compliance with federal Civil Rights law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please check your child's racial ethnic identity. USDA and the state of Oregon are equal opportunity provider and employer.

<u>Mark (1) ethnic identity</u>
- □ Hispanic or Latino
- □ Not Hispanic or Latino

<u>Mark (1) or more racial identities, if any</u>
- □ American Indian & Alaskan Native
- □ Asian
- □ Black or African American
- □ Native Hawaiian or other Pacific Islander
- □ White
- □ Other:_____