

# 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.

**DO NOT USE BUSINESS NAME**

Child Care Provider's Name: _____	USDA Provider Number: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				
This enrollment form is for <u>New Child</u> or is an <u>Update</u> (Circle one)					

Childs#	Childs Full Name	M/F	Date of Birth	School Level			Usual Meals (Mark "X" or "occ")							
				Pre	K	Elem	Usual Hours in Care		Bkft	AM	Lunch	PM	Dinner	Late
				From:	To:									

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

2. Days of the week usually in care:  Mon  Tue  Wed  Thu  Fri  Sat  Sun

2a. Do days or times vary? Yes or No    Time that varies: \_\_\_\_\_

3. Relationship to the Provider  Related Nonresident  Not related  Own child  Provider's foster child  Helper's Child?

4. Note any food allergies here: \_\_\_\_\_

Infant Formula Selection: Complete if any child listed above is an infant under one year of age

This provider provides \_\_\_\_\_ (list brand) iron fortified infant formula. Check one:

- I accept the provided formula  
 I decline the provided formula

I understand that by declining the provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the provider to be reimbursed for the meal.

*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, religion 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 Print Name:	Email address:		
Street Address:	City:	State:	Zip Code:
Parent or Guardian Signature:	Date:	Home Phone:	

**RACIAL-ETHNIC HERITAGE OF YOUR CHILDREN (Optional)—**

- |   |   |  |
|---|---|--|
| <u>Mark (1) ethnic identity</u>                 | <u>Mark (1) or more racial identities, if any</u>         |  |
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> American Indian & Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
|   | <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other: _____                              |

**USDA and Child Care Development Services, Inc. are equal opportunity providers and employers.**