



CHILD CARE DEVELOPMENT SERVICES
PROMOTING HEALTHY HABITS TO LAST A LIFETIME

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:

This enrollment form is for (select one) **New Child** or is an **Update**

School Level

Usual Meals (Mark "X" or "occ")

Print Clearly Please

Childs#	Childs Full Name	M/F	Date of Birth	Pre K	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 or disabilities here: (See www.ccdsmetro.org for forms) _____

Infant Formula/Food 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

Check One:

- I accept the provided food
 I decline the provided food

I understand that by declining the provided formula/food, I agree to provide breast milk or formula/food 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:
Employer:		Employer Phone:		
Parent or Guardian Signature:		Date:		Home Phone:

RACIAL-ETHNIC HERITAGE OF YOUR CHILDREN (Optional)—

Mark (1) ethnic identity

- Hispanic or Latino
 Not Hispanic or Latino

Mark (1) or more racial identities, if any

- American Indian & Alaskan Native
 Asian
 Black or African American

- Native Hawaiian or other Pacific Islander
 White
 Other: _____

This institution is an equal opportunity provider.