

Name of Center: _____

Child Nutrition Program Enrollment Form

Your child care center participates in the Child and Adult Care Food Program (CACFP). Your child will be given nutritious meals, which promotes good eating habits while in the child care center. Please complete this form to enroll your child. The CACFP will verify this information for compliance.

(Please Print)

Parent/ Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Child's Name: First: _____ Middle: _____ Last: _____

Date of Birth: Month _____ Day _____ Year _____ Age: _____

Enrollment Date _____ Withdrawal Date _____

Time of Arrival: _____ Departure: _____ Circle Days in Care: M T W T F S S

Circle normal meals received: B AM L PM S E **Note: Please only circle meals offered by your center

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and 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:

- (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights;
1400 Independence Avenue, SW; Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I hereby certify the information given on this form is true and correct to the best of my knowledge. I also certify that I was given the CACFP Meal Benefit Income Eligibility Form Letter to Households (Child Care Center), the WIC information, the Building for the Future Flyers, and the Civil Rights Grievance Procedures.

Signature of Parent _____ Date _____