

USDA FOOD PROGRAM ENROLLMENT FORM

CHILD CARE DEVELOPMENT SERVICES



[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 Full Name	M/F	Date of Birth	Pre K	K	Elem	Usual Hours in Care	AM	Lunch	PM	Dinner	Late
							From: To:					
							From: To:					
							From: To:					
							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
 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: _____

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.

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
 American Indian & Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Other: _____

This institution is an equal opportunity provider.