**Child and Adult Care Food Program**

**ENROLLMENT FORM**

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| **PART 1 – Children’s Information** | | | |
| **Child’s Name** | **Birthdate** | **Circle Normal Days/**  **Print Normal Hours of Care** | **Circle Meals Normally Received** |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
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|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |

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| **PART 2 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)** |
| We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.  Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Multi-Racial  Native Hawaiian or Pacific Islander  White |

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| **PART 3 – SIGNATURE** | | |
| **Signature of Adult Date** | **Print Name of Adult Signing** | |
| **Mailing Address City/State/Zip Code** | | **Daytime Phone** |
| **Year 2** | | |
| **Signature of Adult Date Updated** | **Print Name of Adult Signing** | |
| **Year 3** | | |
| **Signature of Adult Date Updated** | **Print Name of Adult Signing** | |

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| In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.  Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.  To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: | | |
| **MAIL\*:** U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue SW  Washington, D.C. 20250-9410 | **FAX:** (833) 256-1665 or (202) 690-7442; or  **EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov) | **\*Only use this address if you are filing a complaint of discrimination.** |
| **This institution is an equal opportunity provider.** | | |