

**CHILD CARE FOOD PROGRAM  
ENROLLMENT FORM**  
(to be completed by parent or guardian)

Provider's Initial: _____  Date: _____ (form valid for one year from this date)
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You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

\_\_\_\_\_  
Name of Provider/Director

\_\_\_\_\_  
Name of Day Care Facility

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

I wish to enroll my child(ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

Child(ren) Information (please print)

First Name	Last Name	Age	Birthdate	Hrs of Care	Days of Week (circle)	Sex
			/ /	from to	SAT - SUN M - T - W - TH - FR	M F
			/ /	from to	SAT - SUN M - T - W - TH - FR	M F
			/ /	from to	SAT - SUN M - T - W - TH - FR	M F
			/ /	from to	SAT - SUN M - T - W - TH - FR	M F

Note here any food allergies or special needs your child(ren) have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Doctor's Name: \_\_\_\_\_

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

In case of emergency, please call: HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_