**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**

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| **Child Care Provider’s Name: USDA Provider Number:** **This enrollment form is for New Child or is an Update (Circle one)**  |

|  |  |
| --- | --- |
| **School Level** |  **Usual Meals (Mark “X” or “occ”)** |
| **Print Clearly Please** | **Date of Birth** | **Pre K** | **K** | **Elem** | **Usual Hours in Care** | **Bkft** | **AM** | **Lunch** | **PM** | **Dinner** | **Late** |
| **Childs#** | **Childs Full Name M/F**  |
|  |  |  |  |  |  |  | **From:** |  | **To:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **From:** |  | **To:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **From:** |  | **To:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **From:** |  | **To:** |  |  |  |  |  |  |  |

**1. Date of first day in care:**  / / (MM/DD/YY)

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|  **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 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.*** |
|  |
| **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:** |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**USDA and Child Care Development Services, Inc. are equal opportunity providers and employers.**