

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

Child Care Providers Name: _____	USDA Provider Number: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				
This enrollment form is for <u>New Child</u> or is an <u>Update</u> (Circle one)					

Childs#	Childs Full Name	M/F	Date of Birth	School Level			Usual Meals (Mark "X" or "occ")								
				Preschool	Kindergarte	Elementary	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Late Snack			
							Usual Hours in Care								
							From:	To:							
							From:	To:							
							From:	To:							

PLEASE PRINT CLEARLY

1. Date of first day in care:

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 (MM/DD/YY)
 2. Usual number of days in care: _____ Days
 3. Days of week usually in care: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 4. If child care schedule occasionally varies from the above;
 - A. Please mark days that vary: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 - B. Please mark hours and meals that vary: From: _____ To: _____ B A L P D LNS
 5. Please initial if child is in care when there is no school: _____
 6. Relationship to the Provider Related Nonresident Not related Own child Provider's foster child Helper's Child?
 7. Comments on child's schedule: _____
 8. Note any food allergies here: _____
- * A note from doctor or RN is required if dairy, wheat or other significant allergy.

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, 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 Name — please print	Employer	Work Phone	
Address:		Email Address	
City	State	Zip Code	
Parent or Guardian Signature	Date	Home Phone	

If needed, I would prefer being called to update or verify this information at: Home Work Best time to call: _____

RACIAL-ETHNIC HERITAGE OF YOUR CHILDREN — Although you are not required to provide this information, your cooperation will help determine compliance with federal Civil Rights law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please check your child's racial ethnic identity. USDA and the state of Oregon are equal opportunity provider and employer.

Mark (1) ethnic identity Mark (1) or more racial identities, if any

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other: _____	

Additional Information Required on Other Side of Form for Children Under One Year.