Provider's Initial: _____

Date: _____

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

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(ren) 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 Day Care Facility Address

_____ _____
Telephone Address

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

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.

My child(ren) will be served the following meals: (Please Circle)

Breakfast AM Snack Lunch PM Snack EVE Snack

Please provide child(ren) information, Legal Names only!
Do not list nickname, middle name, etc. (please print)

First Name	Last Name	Age	Birthdate	Hours of Care	Days of Week (circle)	Gender
			/ /	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 *(note - Milk Allergy requires written documentation from physician)*: _____

_____

Doctor's Name: _____ Doctor's Telephone: _____

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: _____
(form valid one (1) year from this date)

(ENR updated 02/17cd)