

Child and Adult Care Food Program ENROLLMENT FORM

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 P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack

PART 2 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES—You Are Not Required to Answer This Part.

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:

- White
 Black or African American
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander
 Multi-Racial

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		Updated	Print Name of Adult Signing
Year 3			
Signature of Adult		Updated	Print Name of Adult Signing