

Child and Adult Care Food Program ENROLLMENT FORM

Site: _____

PART 1—CHILDREN'S INFORMATION												
Child's Name	Birthdate	Circle Normal Days Print Normal Hours of Care							Circle Meals Normally Received			
		Sun	Mon	Tue	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch	
		Normal Hours _____ to _____							P.M. Snack	Dinner	Eve Snack	
		Normal Hours _____ to _____							P.M. Snack	Dinner	Eve Snack	
		Normal Hours _____ to _____							P.M. Snack	Dinner	Eve Snack	
		Normal Hours _____ to _____							P.M. Snack	Dinner	Eve Snack	
		Normal Hours _____ to _____							P.M. Snack	Dinner	Eve Snack	

PART 2—CHILD(REN)'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)					
We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for receiving meals during care.					
Ethnicity (check one)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino			
Race (check one or more)	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Racial	
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White			

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 _____	Date _____	Print Name of Adult Signing _____
Year 3		
Signature of Adult _____	Date _____	Print Name of Adult Signing _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency and administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: US Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, DC 20250-9410

Fax: (833) 256-1665 or (202) 690-7442
or
Email: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.