## Child and Adult Care Food Program ENROLLMENT FORM

Site:

Mailing Address       City/State/ZIP Code       Daytime Phone         Year 2											
Child's Name       Birthdate       Print Normal Hours of Care       Circle Meals Normally Received         Normal Hours       to       Fri Satt       Frieffand       AM Snack       Dinner       Eve Snack         Sum       Normal Hours       to       Fri       Satt       Frieffand       AM Snack       Uarch         Sum       Normal Hours       to       Fri       Satt       Frieffand       AM Snack       Uarch         Normal Hours       to       Fri       Satt       Frieffand       AM Snack       Uarch         Normal Hours       to       Fri       Satt       Ma Snack       Dinner       Eve Snack         Normal Hours       to       Fri       Satt       Ma Snack       Dinner       Eve Snack         Weat are equired to ask for information abott your child(ren)'s race and ethicity. 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 cligibility for receiving meals during care.       Eve Snack         Ethnicity (bleck one or more)       Hispanic or Laino       North Heapanic or Laino       Black or African American       Multi-Racial         Malling Address       City/State/ZIP Code       Daytime Phone       Veara 2         Signature of Adult       Date       Print Name	PART 1-CHILDREN'S II	NFORMATION									
Sun Mon Tue Wed Th     Fri     Serakfox     A.M.Snack     Dinner     Fee Snack       Normal Hours     to     PM.Snack     Dinner     Fee Snack       Sun Mon Tue     Wed Th     Fri     Set     Breakfox     A.M.Snack     Lunch       Normal Hours     to     PM.Snack     Dinner     Fee Snack       Sun Mon Tue Wed Th     Fri     Sat     Breakfoxt     A.M.Snack     Lunch       PM.Snack     Dinner     Tee Snack     Breakfoxt     A.M.Snack     Lunch       Version     Sun Mon Tue Wed Th     Fri     Sat     Breakfoxt     A.M.Snack     Lunch       PM.Snack     Orinormation about your child(ren)? race and ethnicity. This information is important and heads or snack     Binack or African American     Multi-Racial       Race (check one or more)     Image: American Indian or Alaskan     Image: American Indian or Alaskan     Image: American     Multi-Racial       Signature of Adult     Date     Print Name of Adult Signing     Image: American Indian or Alaskan     Image: American Indian or Alaskan       Signature of Adult											
Normal Hours     to     P.M. Snack     Dimer     Eve Snack       Sun     Mon     Tue     Wed     Th     Fri     Sat     Breakfast     AM Snack     Lunch       Normal Hours     to     Fri     Sat     Breakfast     AM Snack     Lunch       Normal Hours     to     Fri     Sat     Breakfast     AM Snack     Lunch       Normal Hours     to     Fri     Sat     Breakfast     AM Snack     Lunch       Normal Hours     to     Fri     Sat     Breakfast     AM Snack     Lunch       Normal Hours     to     Fri     Sat     Breakfast     AM Snack     Lunch       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 thinking service our community.     Resonadia     Masian     Black or African American Indian or Alaskan     Indian or Alaskan     Indian or Alaskan     Indian or Alaskan     Black or African American Indian or Alaskan     Indian or Adult Signing       Signature of Adult     Date     Print Name of Adult Signing     Indian or Adult Signing     Indian or Adult Signing       Signature of Adu	Child's Name	Birthdate	Print Normal Hours of Care					<b>Circle Meals Normally Received</b>			
Normal Hours         O         Pri         Sate         Brookfast         A.M.Snack         Lunch           Normal Hours         to         P.M. Snack         Dinner         Eversing			Sun Mon T	ue Wed	Th	Fri	Sat	Breakfast	A.M Snack	Lunch	
Normal Hours     to     P.M. Snack     Dimer     Eve Snack       Sun     Mon     Tue     Wed     Th     Fri     Satt     Breaklast     AM Snack     Lunch       Normal Hours     to     P.M. Snack     Dimer     Eve Snack       Sun     Mon     Tue     Wed     Th     Fri     Satt     Breaklast     AM Snack     Lunch       Normal Hours     to     P.M. Snack     Dimer     Eve Snack     Dimer     Eve Snack       Weat required that shouts     to     Print Satt     Breaklast     AM Snack     Lunch       Veat required that shouts     to     Dimer     Eve Snack     Dimer     Eve Snack       Veat required that shouts     to     Dimer     Eve Snack     Lunch     P.M. Snack     Dimer     Eve Snack       Veat required that shouts     to shout shout shout shout shout shouts     Highen's received that shouts       Race (check one or more)     Highen's received that shouts     Print Name of Adult     Dimer     Print Name of Adult Signing       Signature of Adult     Date     Print Name of Adult Signing     Image received that shouts     Print Name of Adult Signing       Signature of Ad			Normal Hours	to				P.M. Snack	Dinner	Eve Snack	
Normal Hours       to       The       Fri       Sat       Breakfast       A.M.Snack       Lunch         Normal Hours       to       D       P.M.Snack       Dinner       Eve Snack         Normal Hours       to       Fri       Sat       Breakfast       A.M.Snack       Lunch         Normal Hours       to       Fri       Sat       Breakfast       A.M.Snack       Lunch         Normal Hours       to       Fri       Sat       Breakfast       A.M.Snack       Lunch         We are required to ask for information about your child(ren)'s race and ethnicity. This information is inportant and helps to male 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)       IHaparic or tatin       Not Hisparic or tatin       Asian       Black or African American       Multi-Racial         Race (check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Signature of Adult       Date       Print Name of Adult Signing       Print Name of Adult Signing         Signature of Adult       Date       Print Name of Adult Signing       Print care and object, His Institution is prohibited from discrimation reques and princi crici in fithes astore race, Cale on and object, chis institution			Sun Mon T	ue Wed	Th	Fri	Sat	Breakfast	A.M Snack	Lunch	
Normal Hours       to       P.M. Snack       Dinner       Eve Snack         Normal Hours       to       Normal Hours       Th       Fri       Sat       Breakfast       A.M. Snack       Dinner       Eve Snack         Normal Hours       to       Normal Hours       to       Fri       Sat       Breakfast       A.M. Snack       Dinner       Eve Snack         PAR 12—CHILD(REN)S ETHNIC AND RACIAL DENTITIES (OPTIONAL)       We are required to ask for information about your child(lern)'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 read at this different of a section is optional and does not affect your child(ren)'s read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is optional and does not affect your child(ren's read at this different section is prohibited from different section is optional and does not affect your child(ren's read at this different section is prohibited from discriminating on the basis of race, coior, national ong			Normal Hours	to				P.M. Snack	Dinner	Eve Snack	
Normal Hours       Use       Vertex       Vertex <th></th> <th></th> <th>Sun Mon T</th> <th>ue Wed</th> <th>Th</th> <th>Fri</th> <th>Sat</th> <th>Breakfast</th> <th>A.M Snack</th> <th>Lunch</th>			Sun Mon T	ue Wed	Th	Fri	Sat	Breakfast	A.M Snack	Lunch	
Normal Hours       to       P.M. Snack       Dinner       Eve Snack         Sum Mon Tue       Wed       Th       Fri       Sat       A.M. Snack       Dinner       Eve Snack         PART 2—CHILD(REN)/S ETHINICAND RACIAL IDENTITIES (OPTIONAL)       The Fri       Sat       P.M. Snack       Dinner       Eve Snack         PART 3—CHILD(REN)/S ETHINICAND RACIAL IDENTITIES (OPTIONAL)       The fri       Sat       P.M. Snack       Dinner       Eve Snack         PRAT 3—CHILD(REN)/S ETHINICAND RACIAL IDENTITIES (OPTIONAL)       The fri       Sat       P.M. Snack       Dinner       Eve Snack         PRAT 3—CHILD(REN)/S ETHINICAND RACIAL IDENTITIES (OPTIONAL)       The fri       Sature       The fri       Dinner       Eve Snack         PRAT 3—SIGNATURE       Image: Chick one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Signature of Adult       Date       Print Name of Adult Signing       The fri       Sature Hawailan or Pacific       White         Signature of Adult       Date       Print Name of Adult Signing       The fri       Sature Phone         Year 3       Signature of Adult       Date       Print Name of Adult Signing       The fri       Sature Phone       The frie       Sature Phone       Sature Phone       Satu			Normal Hours	to				P.M. Snack	Dinner	Eve Snack	
Sum Mon Tue Wed       Th       Pril       Sat       Breakfast:       A.M.Snack       Lunch         Normal Hours       to       Th       Pril       Sat       Breakfast:       A.M.Snack       Lunch         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)       Hispanic or Latino       Not Hispanic or Latino       Multi-Racial         Race (check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Islander       White       Date       Print Name of Adult Signing       Multi-Racial         Signature of Adult       Date       Print Name of Adult Signing       Print Name of Communitation for prior civil (prish at with federal civil rights atwaid). Support for the Agriculture (USDA) civil rights regulations and policies, this institution is probibited from discrinitiation on the basis of			Sun Mon T	ue Wed	Th	Fri	Sat	Breakfast	A.M Snack	Lunch	
Normal Hours     to     P.M. Snack     Dimer     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)     Hispanic or Latino     Not Hispanic or Latino     Multi-Racial       Race (check one or more)     American Indian or Alaskan     Asian     Black or African American     Multi-Racial       Native     Hawailan or Pacific     White     Multi-Racial     Multi-Racial       Signature of Adult     Date     Print Name of Adult Signing       Year 2     Signature of Adult     Date     Print Name of Adult Signing       Signature of Adult     Date     Print Name of Adult Signing       Year 3     Signature of Adult     Date     Print Name of Adult Signing       Signature of Adult     Date     Print Name of Adult Signing     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 discrimination 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.       Print Name of Adult Signing     Print Name of Ca			Normal Hours	to				P.M. Snack	Dinner	Eve Snack	
PART 2—CHILD(REN/S ETHNIC AND RACLAL IDENTIFIES (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)       Hispanic or Latino       Image: Check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Image: Check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Image: Check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Image: Check one or more)       Native Hawaiian or Pacific       White       Image: Check one or more)       Multi-Racial         Signature of Adult       Date       Print Name of Adult Signing       Image: Check one or or particle       Daytime Phone         Year 2       Signature of Adult       Date       Print Name of Adult Signing       Image: Check one or or particle or trailaition for prior chill rights atwand U.S. Department of Agriculture (USDA) chill rights regulations and polcies, this institution is prohibited from discriminating on the basis of race, color, national origin, see (Including gender identity and sexual orientation, disabilities, who require attrantive means of communication to obtain pro			Sun Mon T	ue Wed	Th	Fri	Sat	Breakfast	A.M Snack	Lunch	
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Ethnicity (check one)       IHspanic or Latino       Not Hispanic or Latino         Race (check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Native Hawailan or Pacific       White       Image: Standard St		-									
Race (check one or more)       American Indian or Alaskan       Asian       Black or African American       Multi-Racial         Native       Native Hawaiian or Pacific       White       Multi-Racial       Multi-Racial         Signature of Adult       Date       Print Name of Adult Signing         Year 2       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 4       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signatur					т. Т.	•	, ,	,		5	
Native       Native         Native       White         Native Hawaiian or Pacific       White         Islander       White         Signature of Adult       Date         Print Name of Adult Signing         Mailing Address       City/State/ZIP Code         Optimizer       Date         Year 2       Signature of Adult         Signature of Adult       Date         Print Name of Adult Signing       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 atternative means of communication to obtain program information (e.g., Braille, Jarge print, audiotaep, American Sign Language), should contact the responsible state or local agency and administers the program or USDA's TARG StoceMean THY or contact UDSA frough the Federal Relay Service at (800 07-833.         To file a program discrimination complaint, a Complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form, which cane bothained or indinest: https://documentis/usda-aprogram discrini	Ethnicity (check one)	Hispanic or Lating	o 🗀 Not Hispar	nic or Latino							
Image: 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         Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         Year 3       Signature of Adult       Date       Print Name of Adult Signing         To gram information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information may be made available in languages, should contact the responsible state or local agency and administers the program information (e.g., Braille, Jarge print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program information (e.g., Braille, Jarge print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program information (e.g., Braille, Jarge print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program information (e.g., Braille, Jarge print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program information complaint, a Complainta bonuld completer a Form AD-3027, USDA Program inform advisted feasible in longuages other than English. Persons with disabiliti	Race (check one or more)	American Indian	or Alaskan	🗆 Asian		□ Black or Africa		n American	Multi-Racial		
Islander       Islander         PART 3—SIGNATURE			an Daaifia								
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         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., Braine, Jaudiotape, 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 UDSA through the Federal Relay Service at (800) 877-8339.         Of lie a program information complaint a complainant's name, address, telephone number, and a written description of the alleged discriminatory usida gov/sites/default/files/documents/usida_program-discrimination-complaint form, which can be balained oril wariting a complaint of thous on polatint of Civil			or Pacific								
Signature of Adult       Date       Print Name of Adult Signing         Mailing Address       City/State/ZIP Code       Daytime Phone         Year 2		isiandei									
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         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 (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program or USDA's TARGET Center at (20) 2702-2600 (voice and TTV) or contact UDSA through the Federal Relay Service at (800 RZY-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.gdf 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-302	PART 3—SIGNATURE										
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         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 (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency and administers the program or USDA's TARGET Center at (20) 2702-2600 (voice and TTV) or contact UDSA through the Federal Relay Service at (800 RZY-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.gdf 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-302											
Year 2         Signature of Adult       Date       Print Name of Adult Signing         Year 3	Signature of Adult	Date			Print Name of Adult Signing						
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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 retrialiation 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, audictape, 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 TTV) or contact UDSA through the Federal Relay Service at (800) 877-839.         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) 632-992, 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 or for Civil Rights       *Only use this address if you are filing a complaint of discrimination.         Mail:       US Department of Agriculture       Fax:       (833) 256-1665 or (202) 690-7442 or filing a complaint of discrimination.       *Only use this address if you are filing a complaint of discrimination.	Year 2										
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 retrialiation 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, audictape, 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 TTV) or contact UDSA through the Federal Relay Service at (800) 877-839.         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) 632-992, 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 or for Civil Rights       *Only use this address if you are filing a complaint of discrimination.         Mail:       US Department of Agriculture       Fax:       (833) 256-1665 or (202) 690-7442 or filing a complaint of discrimination.       *Only use this address if you are filing a complaint of discrimination.											
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