

Child Enrollment Form (Ages 12 months and older)



Information to be completed by the parent:

Your child care home participates in the USDA Child and Adult Care Food Program (CACFP) and he/she must offer all children this federally funded program. Your child care provider must offer meals/snacks to your child at no additional charge to you. Enrolling your child in this program will provide reimbursement to your child care provider for serving meals/snacks to your children. Meals and snacks must meet United States Department of Agriculture regulations in order to be reimbursed by NDC.

Please fill out the following information on each child enrolled in the day care home. Check which meals and snacks each child will receive, or indicate with a P if that meal is possible (*Abbreviations are BRK for breakfast, SNK for snack, LUN for lunch, Sup for supper*).

First/Last Name of Your Child	Date of Birth	List if a Foster Child	BRK	AM SNK	LUN	PM SNK	SUP	EVE SNK

Circle the days of the week your child will USUALLY be present in the day care home, or indicate a P if that day is possible.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

List the child(ren)'s usual time of arrival and departure: **School Days:** Arrival Time: _____ Departure Time: _____

Non-School Days: Arrival Time: _____ Departure Time: _____

Circle if you may need your child care provider for any of the following that may vary from the USUAL schedule indicated above:

WEEKEND CARE HOLIDAY CARE OVERNIGHT CARE

Is the child(ren) related to the child care provider? YES NO **If yes, what is the relationship?** _____

Select One or More

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaskan Native Asian White Other

Native Hawaiian/Pacific Islander Black or African American

If your child is new to this day care home, list child's start date: _____ Check if NOT NEW to this day care.

Parent Signature _____ Your Printed Name _____

Address _____ Date _____

Home phone _____ Work phone _____ May NDC contact you at work? YES NO

For Child Care Provider Use Only:

I certify that the child listed above is enrolled in my child care home and will be served meals that meet USDA requirements at no extra charge to the parent. I also certify that the legal guardian has completed the child enrollment information.

Child Care Provider Signature _____ Date _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.