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

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 3 eligible nutritious, well balanced meals/snacks to eligible enrolled children per day.

My child(ren) will be served the following meals:
(Please Circle) Breakfast  AM Snack  Lunch  PM Snack  Other

Child(ren) Information (please print)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Birthdate</th>
<th>Hrs of Care</th>
<th>Days of Week (circle)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAT - SUN M - T - W - TH - FR</td>
<td>M F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAT - SUN M - T - W - TH - FR</td>
<td>M F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAT - SUN M - T - W - TH - FR</td>
<td>M F</td>
</tr>
</tbody>
</table>

Note here any food allergies or special needs your child(ren) have: ______________________

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: ____________

(enroll-2007/updated 020915cd)