

**CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT APPLICATION FOR CENTERS WITH NO MEAL CHARGE**

PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM IN INK AND RETURN IT TO THE CHILD CARE FACILITY PRIOR TO THE CHILD BEING PLACED IN CARE. IT IS REQUIRED THAT THIS INFORMATION BE UPDATED ANNUALLY.

PART I: PARTICIPATION

Center	Address	Telephone Number
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I wish to enroll my children in the care of the above-named center in order for my children to participate in the Child and Adult Care Food Program (CACFP). I understand the CACFP reimburses child care center for serving nutritious, well-balanced meals to children while in care.

NAMES OF CHILDREN	DATE ENROLLED	AGE	BIRTH DATE	HOURS IN CARE	
				In	Out

CIRCLE USUAL DAYS OF CARE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

CIRCLE USUAL MEALS THAT WILL BE RECEIVED: Breakfast A.M. Snack Lunch P.M. Snack Supper

PART II: MEDICAL INFORMATION

PHYSICIAN'S NAME	TELEPHONE NUMBER
ADDRESS:	MEDICAL NUMBER
FOOD ALLERGIES, OTHER ALLERGIES, OR OTHER PHYSICAL PROBLEMS OF CHILDREN	

PART III: CERTIFICATION

I understand my children will receive meals when they are in attendance during any of the scheduled meal services and that these meals will be provided at no extra charge to me. I will not be required to bring food items to supplement the meals served under the CACFP.			
Signature of Parent/Guardian	Date	Home Telephone Number	Work Telephone Number
Address			
Person to contact in case of emergency, if you cannot be reached:			
NAME: _____		TELEPHONE NUMBER: _____	
Nondiscrimination- 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.			
Racial Identity: (identification of children is voluntary):			ETHNIC IDENTITY
American Indian or Alaska Native	Asian	Black or African American	Mark (X) box if this participant is Hispanic or Latino
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	White		
<input type="checkbox"/>	<input type="checkbox"/>		