

## Child and Adult Care Food Program ENROLLMENT FORM

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

PART 2 – IDENTIFYING INFORMATION AND CERTIFICATION OF DATA—You Are Not Required to Answer This Part.	
<p>Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.</p>	
<p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>No child will be discriminated against because of race, color, national origin, gender, age, or disability.</p>
<p>Race:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Multi-Racial</p>	
<p>If you feel you have been discriminated against, you should write the Secretary of Agriculture, Washington, DC 20250.</p>	

PART 3 – SIGNATURE		
Signature of Adult	Date	Print Name of Adult Signing
Mailing Address	City/State/Zip Code	Daytime Phone
<b>Year 2</b>		
Signature of Adult	Updated	Print Name of Adult Signing
<b>Year 3</b>		
Signature of Adult	Updated	Print Name of Adult Signing