

Sponsor _____

Telephone No. _____

Provider Name _____

Telephone No. _____

DEAR PARENT OR GUARDIAN: BY SIGNING THIS FORM, YOU AGREE YOUR CHILD IS ENROLLED IN THE CACFP FOR REIMBURSED MEALS, AND THE INFORMATION BELOW IS FOR OUR USE IN CONTACTING YOU ABOUT MEALS AND YOUR CHILD'S WELFARE.

When you fill out the information on this form, your child will be enrolled for meals paid partly by the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the US Department of Agriculture. Its purpose is to help day care providers with the cost of nutritious, well-balanced meals for day care children. A provider may claim payment for up to three meals daily for each child. You should not be asked to bring extra food or charged for your children's meals. Your provider must keep a daily record of menus and the number of children served meals. Menus and attendance records should be posted for you to see. **WE MAY CALL OR WRITE YOU** to ask for suggestions and find out if you are satisfied with the meals. What you tell us will be confidential. Please feel free to call us at the telephone number above if you have questions.

Signature of parent/guardian _____

Date _____

Home telephone _____

Work/school telephone _____

Street/apartment number _____

City _____

Zip _____

County _____

Name of kindergarten or elementary school assigned to your home address? _____

IS YOUR CHILD CARED FOR BY ANY OTHER PROVIDER? Yes No NAME OF OTHER PROVIDER(S):

Children's NAMES (and nicknames)	Birthdate	Sex		Related to provider		CHILD TYPE County Private Foster Own/Res C P F O	Enter HOURS with provider (include am & pm) Come Leave	Circle REGULAR days provider has child	Circle All meals regularly eaten WITH PROVIDER	Circle meals eaten at SCHOOL & Kindergarten
		M	F	Yes	No					
1										
2										
3										
4										

COMPLETE this section if children are with provider for occasional days of care including HOLIDAYS

CIRCLE OCCASIONAL DAYS

CIRCLE OCCASIONAL MEALS

REASON for occasional care:

Sn M Tu W Th F Sa HOLIDAYS

B am L pm S ev

VOLUNTARY RACIAL ETHNIC DATA:

Please check the ethnic group which best describes your children. This information is collected to ensure all children have equal access to meals. Your answer will be kept confidential. The CACFP is available to all eligible children without regard to race, color, national origin, sex, age or disability. To file a discrimination complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 1400 Independence Avenue, SW, Washington DC, 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

White, not Hispanic

Black, not Hispanic

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

FOR SPONSOR USE ONLY

Type Enrollment: new

renewal

Child Tier Status: tier I

tier II