

# USDA CHILD ENROLLMENT FORM

For enrollment in the Child and Adult Care Feeding Program of:

\_\_\_\_\_  
 Day Care Provider

FY 10-11

Oregon Department  
 of Education  
 Child Nutrition Programs

**TO BE FILLED OUT BY PARENT/GUARDIAN ONLY:** This information will be treated confidentially and will be used only for determining CACFP eligibility and maintaining record of all children in care (including provider's own children). **THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED, DATED AND RETURNED BEFORE CHILDREN CAN BE CLAIMED.** Confidential Income Statements must also be filled out by Day Care Provider's if claiming their own children.

**PARENTS: Be as accurate as possible! Information provided here will affect the meal reimbursement received by your provider for the meals that you wish for your child to receive.**

PARENTS NAME: \_\_\_\_\_

HOME TELEPHONE NO.  
 \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

WORK TELEPHONE NO.  
 \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

These children are related to the day care provider named above: Yes No

New \_\_\_ Update \_\_\_

► Child's relationship to your provider: \_\_\_\_\_

**Parents and Day Care Provider:** Include information below that indicates when your child(ren) will usually be in care. This should show the actual time in care and for meals needed, not parents' work schedules. Use "NOTE" area for information on additional times in care, such as no school day, holidays, and sick days, vacations, etc. and allergy information.

NAME OF CHILD (first and last name)	Sex M / F	BIRTHDATE	USUAL HOURS		USUAL MEALS NEEDED (MARK "X")						
			(FROM)	(TO)	BKFT 6-9am	AM SNACK	LUNCH 11-1:30	PM SNACK	DINR 5-7pm	LATE SNACK	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If attendance is irregular and/or occasional, use your best estimate on the meals that will be needed.

Days in care in a normal week (circle): MON TUES WED THURS FRI SAT SUN

**Note:** If hours vary, or there are hours and meals when child/children may be served in addition to the usual hours/meals above, write below or attach information to this form. For example, school aged children may need additional meals on non-school days. Give as much information as possible, you may give additional information and attach it to this form.

Write or attach food allergy information (a statement signed by a doctor/nurse is required for milk substitutes):

**RACIAL OR ETHNIC IDENTITY (not required)**

Please check your child's racial ethnic identity.

**Mark one ethnic identity:**

- \_\_\_ Hispanic or Latino  
 \_\_\_ Not Hispanic or Latino

**Mark one or more racial identities, if any:**

- \_\_\_ American Indian & Alaskan Native  
 \_\_\_ Asian  
 \_\_\_ Black or African American  
 \_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_ White  
 \_\_\_ Other

I understand my child/children will receive meals at no extra charge when they are in care during any of the scheduled meal services. I have received a copy of the "Building for the Future" brochure which explains the goals of the Child and Adult Care Food Program. I understand that the day care home cannot discriminate for reasons of race, color, national origin, age, sex, or handicap.

If I need to be contacted by phone to update and/or verify this information at some time, I would prefer being called: At Home \_\_\_ At Work \_\_\_

\_\_\_\_\_  
 PARENTS SIGNATURE

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Date Care Starts

\_\_\_\_\_  
 Provider cc

This institution is an equal opportunity provider