

ENROLLMENT FORM must be completed by the parent or guardian

Effective Oct. 1, 2024– Sept. 30, 2025

Provider's Name _____

Provider's Address _____

CHECK: NEW enrollment for this family _____ OR UPDATED enrollment for this family _____

Child's Name _____ Age _____ Date of Birth _____

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Child's Name _____ Age _____ Date of Birth _____

HOURS IN CARE
Arrival - Departure
Time Time

Table with 2 columns: Ethnicity, Race. Header: Ethnicity/Race*. Rows: Ethnicity, Race.

*ETHNICITY (Select one and enter in chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

*RACE (Select one or more and enter in chart above: W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or Other Pacific Islander

Will the child/(ren)'s schedule vary? IF YES, EXPLAIN, days, hours, etc. _____

Does the child/(ren) live in the Providers home? Yes or No If yes, how is/are child/(ren) related? _____

USUAL DAYS Monday Wednesday Friday Saturday MEALS Breakfast Lunch Dinner
(Circle) Tuesday Thursday Sunday (circle) Morning Snack Afternoon Snack Evening Snack

*If child is under 1 year of age:

FORMULA offered by child care provider: _____
(must) be iron- fortified & manufactured in USA

I accept above named formula for my infant.
I decline above named formula and will bring formula for my infant.(name)_____
I will provide breastmilk.

Parents accepts solid foods offered by provider: YES or NO

Print Parent/Guardian First and Last Name _____

Address _____

City, State, Zip _____

Email _____

Work/Cell Phone# _____

REQUIRED INFORMATION: As parent/guardian, I verify these children are enrolled with provider above. I understand s/he participates in CACFP through The Family Conservancy. If my child is less than twelve months old, I understand s/he will be offered a complete, developmentally appropriate meal. I certify it is correct.

I, THE PARENT/GUARDIAN, HAVE FILLED OUT THIS FORM SOLELY AND COMPLETELY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____ Enrollment expires 9/30/2025 OR last day in care.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov This institution is an equal opportunity provider.