

CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM FY 20_____

Your child care provider, _____ participates in the Child and Adult Care Food Program (CACFP). This program extends the benefits of the National School Lunch program to children in family child care homes. Your child care provider is sponsored on the CACFP by _____.

(PROVIDER NAME)

(SPONSOR)

Under the regulations of the Child and Adult Care Food Program **your provider** may not charge you separate fees for meals nor ask you to provide food for your child for those meals claimed under the program, including infants. A maximum of 2 meals and 1 snack or 2 snacks and 1 meal may be reimbursed per day for your child(ren) on the Child and Adult Care Food Program. All enrolled participants are served the same meals at no separate charge, regardless of race, color, national origin, sex, age or disability.

Verification procedures may be conducted to ensure that your provider's claims for reimbursement are consistent with child care services provided. As the sponsor for your provider, we must verify that your child is enrolled in the home for child care. Please complete the following:

I wish to enroll the following children in the CACFP:

<u>CHILD(REN'S) FULL NAME</u>	<u>BIRTH DATE</u>	<u>NAME OF SCHOOL</u> (enter "none" if not applicable)	<u>SCHOOL HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is school year round? Yes No Does the provider have permission to transport your children? Yes No

Are your children (check all that apply):

Type of formula offered: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Day Care Child | <input type="checkbox"/> Provider's Own Child/Residential | <input type="checkbox"/> Accept |
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Continuing Enrollment | <input type="checkbox"/> Decline (I will provide: _____) |
| <input type="checkbox"/> For Compensation | <input type="checkbox"/> Not for Compensation | <input type="checkbox"/> Not Applicable |

Days child care will normally be needed: Mon Tues Wed Thurs Fri Sat Sun

Hours of care will normally be needed from: _____ AM / PM to _____ AM / PM

Will days and/or hours of care vary at any time? Yes No If Yes, please explain: _____

Check meals served to your child while in day care: Breakfast Lunch Supper Snack(s)

Will holiday care be needed? Yes No

If Yes, which holidays? New Year's Day Martin Luther King Jr. Day President's Day Memorial Day July 4th

Labor Day Columbus Day Veteran's Day Thanksgiving Christmas Day Other: _____

PARENT SIGNATURE _____ WORK PHONE # _____ HOME PHONE _____ CELL PHONE _____

ADDRESS _____ CITY _____ ZIP _____ DATE _____

Racial-Ethnic Heritage of **YOUR** child(ren): Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements and will be treated confidentially. Please circle correct category below (if willing):

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	