

DAY CARE HOME ENROLLMENT APPLICATION

*** ALL FIELDS REQUIRED**

PLEASE PRINT CLEARLY

PART 1 - PARTICIPATION

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***PROVIDER NAME (FIRST AND LAST NAME)**

***ADDRESS**

***PHONE NUMBER**

I WISH TO ENROLL MY CHILD IN THE CARE OF THE ABOVE NAMED SPONSOR IN ORDER FOR MY CHILDREN TO PARTICIPATE IN THE CHILD CARE FOOD PROGRAM. I UNDERSTAND THAT THE CCFP REIMBURSES CHILD CARE SPONSORS FOR SERVING NUTRITIOUS, WELL BALANCED MEALS TO CHILDREN WHILE IN CARE

*NAMES OF CHILDREN	*CIRCLE USUAL MEALS SERVED	*DATE ENROLLED	*AGE	*BIRTH DATE	*HOURS IN CARE
	B A L P S E				
	B A L P S E				
	B A L P S E				
	B A L P S E				
	B A L P S E				

B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack

***Circle Usual Days of Care: Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

PART 2 - MEDICAL INFORMATION - OPTIONAL

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PHYSICIAN'S NAME

MEDICAL NUMBER

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PHYSICIAN'S ADDRESS

PHONE NUMBER

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FOOD ALLERGIES, OTHER ALLERGIES OR OTHER PHYSICAL PROBLEMS OF CHILDREN

PART 3 - CERTIFICATION

I UNDERSTAND MY CHILDREN WILL RECEIVE MEALS WHEN THEY ARE IN ATTENDANCE DURING ANY OF THE SCHEDULED MEAL SERVICES. I UNDERSTAND THAT THESE MEALS WILL BE PROVIDED AT NO EXTRA CHARGE TO ME, NOR WILL I BE REQUIRED TO BRING FOOD ITEMS TO SUPPLEMENT THE MEALS SERVED UNDER THE CHILD CARE FOOD PROGRAM.

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***SIGNATURE OF PARENT OR GUARDIAN**

***DATE**

***HOME PHONE**

***WORK PHONE**

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***COMPLETE MAILING ADDRESS**

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ALTERNATE CONTACT PERSON

PHONE NUMBER

PART 4 - RACIAL / ETHNIC HERITAGE OF CHILDREN

ALTHOUGH YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, YOUR COOPERATION WILL HELP DETERMINE COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAWS. IF YOU DECLINE TO PROVIDE THIS INFORMATION, IT WILL IN NO WAY AFFECT YOUR CHILD'S PARTICIPATION IN THE CHILD CARE FOOD PROGRAM. COLLECTION OF THIS INFORMATION IS IN ACCORDANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND IS STRICTLY FOR STATISTICAL REPORTING REQUIREMENTS. IF WILLING, PLEASE CIRCLE THE CORRECT CATEGORY BELOW:

- 1 = AMERICAN INDIAN / ALASKAN NATIVE 2 = ASIAN OR PACIFIC ISLANDER 3 = BLACK**
4 = HISPANIC 5 = WHITE - NOT OF HISPANIC ORIGIN

NONDISCRIMINATION - THE CHILD CARE FOOD PROGRAM IS AVAILABLE WITHOUT CHARGE TO EVERYONE REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, DISABILITY. IF ANYONE BELIEVES THAT HE OR SHE HAS BEEN DISCRIMINATED AGAINST, WRITE IMMEDIATELY TO:

**ADMINISTRATOR
FOOD AND NUTRITION SERVICE
3101 PARK CENTER DRIVE
ALEXANDRIA, VA. 22302**