CACFP ENROLLMENT FORM

Note to Parents/Guardians: Your child(ren) is enrolled for care at a child care center that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the center is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the center is required to have parents complete enrollment information annually for each child enrolled for care. This form will be placed in our files and treated as confidential information.

		Times of Care		Regular Days of Care							Meals Served During Care						Ethnic/Race*	
Last Name, First Name	**Date of Birth**	Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn	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

Name and Address:

_____
Print Name

_____
Address

_____
City State Zip Code

_____
Daytime Telephone

Signature:

_____
Signature of Parent or Guardian

_____
Today's Date

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, audiotape, 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.