CHILD CARE ENROLLMENT APPLICATION FOR CENTERS WITH NO MEAL CHARGE

PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM IN INK AND RETURN IT TO THE CHILD CARE FACILITY PRIOR TO THE CHILD BEING PLACED IN CARE.

PART I -- PARTICIPATION

Sponsor Name	Address	Telephone Number

I wish to enroll my children 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	DATE ENROLLED	AGE	BIRTH DATE	HOURS IN CARE	
				In	Out

CIRCLE USUAL DAYS OF CARE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PART II -- MEDICAL INFORMATION

PHYSICIAN'S NAME	TELEPHONE NUMBER
ADDRESS	MEDICAL NUMBER
FOOD ALLERGIES, OTHER ALLERGIES, OR OTHER PHYSICAL PROBLEMS OF CHILDREN	

PART III -- CERTIFICATION

I understand my children will receive meals when they are in attendance during any of the scheduled meal services and that these meals will be provided at no extra charge to me. I will not be required to bring food items to supplement the meals served under CCFP.

Signature of Parent/Guardian	Date	Home Telephone Number	Work Telephone Number

Address

Person to contact in case of Emergency if you cannot be reached:

(Name) (Telephone Number)

Nondiscrimination – CCFP is available without charge to everyone regardless of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). If you believe that you or your child have been discriminated against in any USDA-related activity, you should write immediately to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Racial/Ethnic Heritage of your Children Although not required to provide this information, your cooperation will help us comply with federal civil rights laws. If you decline to provide this information, it will in no way affect your child's participation in CCFP. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. Please circle the correct category below:

1	2	3	4	5	6
American Indian Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White