

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