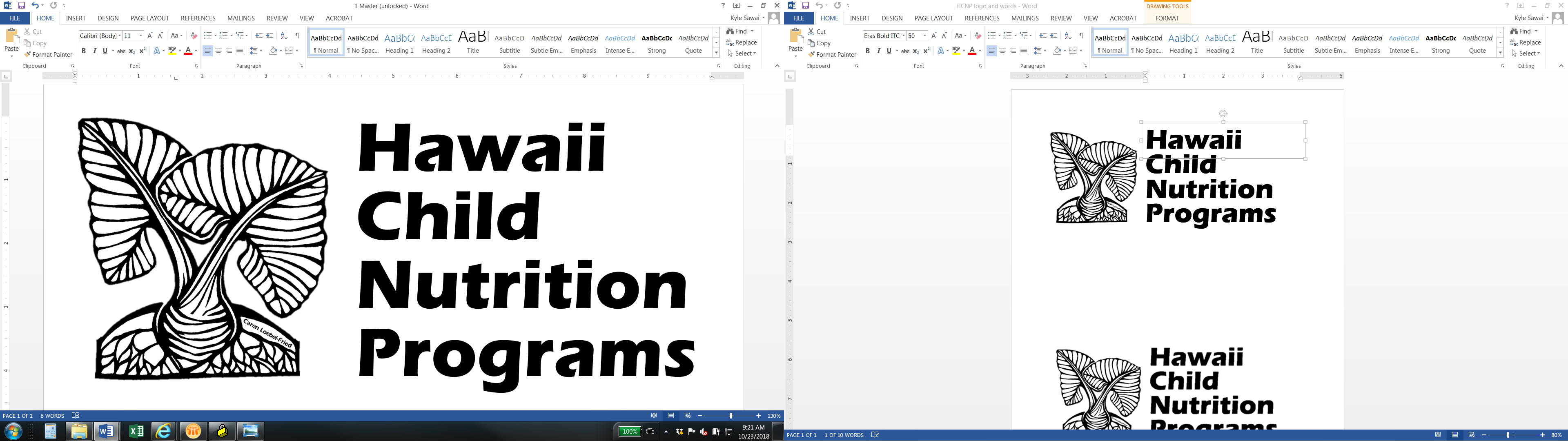
Enrollment Statement



CACFP Family Day Care Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Birthdate and Age

is enrolled at:

Name of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Normal days & hours of care | | \*\*If attendance time and meals are the same Monday to Friday, Fill in Monday and initial \_\_\_\_\_\_\_\_\_\_\_\_ | | Circle meals child will participate in |  |  |  | |
| **Monday \*\*** | | **\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. \*\*** | | **Breakfast \*\*** | **AM Snack\*\*** | **Lunch\*\*** | **PM Snack\*\*** | |
| Tuesday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| Wednesday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| Thursday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| Friday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| Saturday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| Sunday | | \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. | | Breakfast | AM Snack | Lunch | PM Snack | |
| **Mark one ETHNIC identity:** | | **Mark one or more RACIAL identities:** | | | | |
| ** Hispanic or Latino**  ** Not Hispanic or Latino** | | * **Asian  American Indian or Alaska Native** * **White  Native Hawaiian or Other Pacific Islander** * **Black or African American** | | | | |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Provider

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:

**mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or **fax:**(833) 256-1665 or (202) 690-7442; or **email:**[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Provider Use Only

Child withdrew on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_