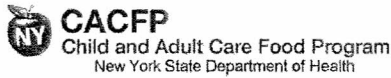


ENROLLMENT DATE: ____/____/____ CACFP Agreement # 4956 Provider# _____



CHILD ENROLLMENT FORM
for Day Care Homes

Parent or Guardian completes form

Name of Day Care or Owner/Operator _____		
On-Site Provider (if different) _____		
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child(ren)'s Ethnic Information (Choose one option per child) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Child(ren)'s Racial Information (Choose one option per child) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	
Primary language spoken at home _____		
Check if any of these apply <input type="checkbox"/> Resident Child <input type="checkbox"/> Child is related to Provider <input type="checkbox"/> Child of Migrant Farm Worker <input type="checkbox"/> Special Needs <input type="checkbox"/> Foster Child		
HOURS/DAYS/MEALS		
Days child normally receives care <input type="checkbox"/> Mon-Fri OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Time Care Begins _____ Time Care Ends _____	
Meals Child normally receives in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> LN Snack		
Holiday and/or Weekend Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Care Begins _____ Time Care Ends _____	
Does child(ren) attend school <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School _____	
Does child receive care on non-school days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INFANT FEEDING STATEMENT (must be completed for any child less than one year of age) <input type="checkbox"/> The Parent will supply breastmilk or formula <input type="checkbox"/> The Parent will supply ALL infant's food <input type="checkbox"/> The Provider will supply formula <input type="checkbox"/> The Provider will supply infant's food		
CONTACT INFORMATION FOR PARENT/GUARDIAN		
Parent/Guardian's Name _____		
Home Address _____		
Home Phone Number _____	Work/Cell Phone Number _____	
Parent/Guardian Signature _____	Date _____	
Sponsor Use Only Section		
Date Enrollment Begins _____	Date Enrollment Expires _____	Child Enrollment Approved _____ (initials)
Emergency Placement _____	(Provider Name)	

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DOH-4419 (3/12) White (Sponsor) Yellow (Provider) PAGE 1 OF 1