



396 Tesconi Ct
Santa Rosa, CA 95407
(707)544-3077

Food Program Child Enrollment Form

(Please Print)

Provider's Name: _____ **Enrollment Date:** _____

Child's Name: _____ **Date of Birth:** __/__/__ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Schedule: Drop off: _____ Pick up: _____ **Days:** Mon Tue Wed Thu Fri Sat Sun

Days will vary Times will vary **Meals:** Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

Parent Info:

Name: _____

Home Phone: () _____ **Work Phone:** () _____ **Cell:** () _____

Formula: Provider supplies formula or breast milk **Type:** _____ Parent supplies formula but accepts additional foods
 Parent supplies all formula & food and refuses Provider's food

Relationship to provider: Not related Related, non-resident Helper's child Own

Ethnic Heritage: American Indian Asian Pacific Islander Black Hispanic White

School info: School age Kindergarten All day Kindergarten Home School Year round school **School Hours:** _____

Food allergies (if any, Physician's statement must be attached): _____

Is child considered special needs? Yes No **(Signed Medical Statement and/or IEP must be attached)**

I understand my child will receive meals at no extra charge to me when he/she is in attendance during any of the scheduled meals services. I also understand that the child care facility cannot and will not discriminate for reasons of race, color, national origin, age, sex or handicap.

Parent Signature

The U.S. Department of Agriculture (USDA) and the California Department of Education's Nutrition Services Division (NSD) prohibits discrimination in all their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building 14th and Independence Ave., SW, Washington, DC 20250-9410 or call (202)720-5964 (voice & TDD). USDA and the NSD are an equal opportunity providers and employers.

Staff initials: _____

Date: _____