



131-A Stony Circle, Suite 300
 Santa Rosa, CA 95401
 (707) 544-3077 • Fax (707)544-2625

Food Program Child Enrollment Form

PROVIDER _____

CHILD INFO (Please print)

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH ____/____/____ AGE ____
MM DD YYYY

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO PROVIDER Helper's Child Not Related Own Child Provider Foster Child Related, Non-resident

ETHNICITY Hispanic/ Latino Not Hispanic or Latino Not Indicated

RACE American Indian/Alaska Native Asian African American/Black Pacific Islander/Native Hawaiian White

ENROLLMENT DATE ____/____/____ (**Enrollment date and signature date should be the same**)
MM DD YYYY

PARENT INFO

FIRST NAME _____ LAST NAME _____

HOME PHONE () _____ CELL () _____ E-mail Address _____

SCHEDULE OF MEALS INFO

| SCHEDULE OF MEALS INFO | | DAYS | | MEALS | |
|------------------------|---------------|------|------|-----------|----------|
| DROP OFF _____ | PICK UP _____ | Mon | Thur | Breakfast | PM Snack |
| | | Tues | Fri | AM Snack | Dinner |
| | | Wed | | Lunch | |

TIMES VARY **DAYS VARY**

SCHOOL INFO Home school Kindergarten School-age Year-round school **SCHOOL HOURS** _____

SPECIAL INFO

FORMULA Parent supplies breast milk or formula **FOOD** Parent supplies additional foods and refused provider's foods
 Parent accepts provider-supplied formula Provider supplies additional foods when developmentally appropriate

* **FOOD ALLERGIES** (If any, Medical Statement **must be attached**) _____

* **SPECIAL NEEDS CHILD?** (IF YES, signed Medical Statement and/or IEP **must be attached**) YES NO

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

PARENT SIGNATURE _____ **DATE** ____/____/____
MM DD YYYY

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

For office use only **Staff initials** _____ **Date** _____