**Child and Adult Care Food Program**

**ENROLLMENT FORM**

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| **PART 1 – Children’s Information** | | | |
| **Child’s Name** | **Birthdate** | **Circle Normal Days/**  **Print Normal Hours of Care** | **Circle Meals Normally Received** |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |
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|  |  | Sun Mon Tu Wed Th Fri Sat  Normal Hours       to | Breakfast A.M. Snack Lunch  P.M. Snack Supper Eve. Snack |

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| **PART 2 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)** |
| We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.  Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Multi-Racial  Native Hawaiian or Pacific Islander  White |

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| **PART 3 – SIGNATURE** | | |
| **Signature of Adult Date** | **Print Name of Adult Signing** | |
| **Mailing Address City/State/Zip Code** | | **Daytime Phone** |
| **Year 2** | | |
| **Signature of Adult Date Updated** | **Print Name of Adult Signing** | |
| **Year 3** | | |
| **Signature of Adult Date Updated** | **Print Name of Adult Signing** | |

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| **MAIL\*:** U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue SW  Washington, D.C. 20250-9410 | **FAX:** 202-690-7442  **EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov) | **\*Only use this address if you are filing a complaint of discrimination.** |
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