

Child and Adult Care Food Program (CACFP) Enrollment Form

This Program participates in the Child and Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the Program for meals and/or snacks served to children in care through the United States Department of Agriculture (USDA). The Program is required to collect enrollment information annually. Please complete the form below and return it to the Program. **Please complete a separate enrollment form for each child enrolled in care.**

Child Name: _____ Child Date of Birth: _____

Normal Days and Times in Care (please indicate drop off and pick up times):

- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____
- Saturday: _____
- Sunday: _____

Meals and Snacks Received While in Care (please check all that apply):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Evening Snack

Special Dietary Needs:

- Yes (please explain): _____
- No

Ethnic Data:

- Hispanic or Latino
- Not Hispanic or Latino

Racial Data (please check all that apply):

- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Asian
- White

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Mailing Address: _____ Telephone Number: _____

USDA Non-discrimination Statement

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/ad-3027.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:

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

This institution is an equal opportunity provider.