

New \_\_\_\_\_  
Update \_\_\_\_\_



**USDA CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT AFFIDAVIT**  
(To Be Filled Out By The Parent or Guardian ONLY)  
**IMMEDIATE RETURN REQUIRED**

For Office Use Only  
Dropped \_\_\_\_\_

\_\_\_\_\_  
Child Care Provider's Name

I wish to enroll my child/children whose names and enrollment information are given below. In the USDA Child and Adult Care Food Program which reimburses day care providers for serving nutritious, well-balanced meals to day care children.

NAME OF CHILD Last, First (Please Print)	BIRTH DATE (Mo/Day/Yr)	USUAL HRS IN CARE		USUAL MEALS NEEDED - MARK X OR OCCASSIONAL					
		From	To	BKFST	AM SNACK	LUNCH	PM SNACK	DINNER	LATE SNACK
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						
	/ /	am/pm	am/pm						

Days in care on a normal week (Circle): Sun. Mon. Tue. Wed. Thur. Fri Sat.

Holidays: Yes \_\_\_\_\_ No \_\_\_\_\_ Some \_\_\_\_\_

Note here other hours when child/children will occasionally be served, or other special information: \_\_\_\_\_

Note here (if applicable) any food allergies your child/children have and the doctor's name: Kind: \_\_\_\_\_

\_\_\_\_\_ Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services and receive meals. I have received a copy of *The Child and Adult Care Food Program* information sheet which explains the goals of the Child and Adult Care Food Program. I understand that the child care home cannot and will not discriminate for reasons of race, color, national origin, age, religion, sex or handicap. If I need to be contacted by phone to update and/or verify this information at some time, I would prefer being called at:

(home): \_\_\_\_\_ (work): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Numbers ( ) \_\_\_\_\_

Although you are not required to provide the following information, your cooperation will help determine compliance with Federal Civil Rights Laws. In no instance will this information be used in considering your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. If you decline to provide the information, it will in no way affect consideration of your application. Collection of this information is strictly for statistical reporting requirements. Please circle correct category below - **RACIAL / ETHNIC HERITAGE OF YOUR CHILD / CHILDREN:**

- Black - not of Hispanic Origin**
- Hispanic**
- Asian or Pacific Islander**
- American Indian Alaskan Native**
- White - not of Hispanic Origin**

**CONFIDENTIALITY:** The information you provide will be treated confidentially and will be used only for eligibility determination and verification of data for Child and Adult Care Food Program purposes.