

NEW
UPDATE

Nutrition First
USDA Child Care Food Program
2475 Center St NE
Salem, OR 97301-4520

(CIRCLE IF:)
PROVIDER'S OWN
CHILD / CHILDREN

FOOD PROGRAM CHILD ENROLLMENT FORM

TO BE FILLED OUT BY PARENT/GUARDIAN ONLY. This information will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

For Enrollment in Nutrition First USDA Child Care Food Program

Meredith Sorensen (Sunflower Preschool LLC) | 908-601-3905

Child Care Provider's Name (not business name) / Phone Number

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

| First and Last Name of Child | Birthdate | Usual Hours | USUAL MEALS NEEDED MARK "X" OR OCCASIONAL | | | | | |
|---------------------------------|-----------|---------------------|---|-------------|------------------|-------------|---------------------|---------------|
| | | | Bkft 6-9 am | AM Snack | Lunch 11-1:30 | PM Snack | Dinner 5:00-7:00 | Late Snack |
| _____ | _____ | from _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | from _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | from _____ to _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Days in care on a normal week (circle): MON TUES WED THUR FRI SAT SUN **NON SCHOOL DAYS?**

Are child/children related to provider? (circle): Yes **No** Note any food allergies _____

INFANT FORMULA SECTION: Complete if any child listed is an infant under one year of age
 This provider supplies _____ (list brand) iron fortified infant formula.
 Check one: I accept the provider supplied formula
 I decline the provider supplied formula
 I understand that by declining the provider supplied formula, I agree to provide breast milk or formula for my child. If I provide formula, it must be on the approved formula list for the provider to be reimbursed for the meal.

RACIAL OR ETHNIC IDENTITY (not required)

Please check your child's racial ethnic identity.
 Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino
 Mark one or more racial identities, if any: American Indian & Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other: _____

I understand my child/children will receive meals at no extra charge when they are in care during any of the scheduled meal services and receive meals. I have received the *Building for the Future* brochure, which explains the goals of the Child and Adult Care Food Program. I understand that the day care home cannot and will not discriminate for reasons of race, color, national origin, age, sex, handicap or religion. 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 _____ At Work _____ Either _____

Parent Signature: _____ Print Name: _____

Mailing Address: _____ City/Zip: _____

Email Address: _____

Home Telephone No: _____ Work Telephone No: _____

ENROLLMENT DATE: _____ (IF NEW) **OR** INFORMATION UPDATE: _____
(mm/dd/yyyy) (mm/dd/yyyy)