

CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT APPLICATION FOR CENTERS WITH NO MEAL CHARGE

PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM IN INK AND RETURN IT TO THE CHILD CARE FACILITY PRIOR TO THE CHILD BEING PLACED IN CARE. IT IS REQUIRED THAT THIS INFORMATION BE UPDATED ANNUALLY.

PART I: PARTICIPATION

Sponsor Name <i>Musine Saakyan</i>	Address <i>515 W. Colorado St</i>	Telephone <i>Wonder Years Child Care Center 515 W. Colorado St. Glendale, CA 91204</i>
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I wish to enroll my children in the care of the above-named sponsor - order for my children to participate in the Child and Adult Care Food Program (CACFP), I understand the CACFP reimburses child care sponsors for serving nutritious, well balanced meals to children while in care.

NAMES OF CHILDREN	DATE ENROLLED	AGE	BIRTH DATE	HOURS IN CARE	
				In	Out

CIRCLE USUAL DAYS OF CARE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

CIRCLE USUAL MEALS THAT WILL BE RECEIVED: Breakfast A.M. Snack P.M. Snack Supper

PART II: MEDICAL INFORMATION

PHYSICIAN'S NAME	TELEPHONE NUMBER
ADDRESS	MEDICAL NUMBER
FOOD ALLERGIES OR OTHER PHYSICAL PROBLEMS OF CHILDREN	

PART III: CERTIFICATION

I understand that my children will receive meals when they are in attendance during any of the scheduled meal services and that these meals will be provided at no extra charge to me. I will not be required to bring food items to supplement meals served under the CACFP

Signature of Parent/Guardian.	Date	Home Telephone Number	Work Telephone Number
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Address

Person to contact in case of emergency if you cannot be reached:

NAME: TELEPHONE NUMBER:

Nondiscrimination: In accordance with Federal and US, Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination - write USDA, Director Office of Civil Rights Room 326-W, Whittier Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) USDA is an equal opportunity provider and employer.

Racial Identity: (identification, of children is voluntary):

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Ethnic Identity Mark (X) box if this participant is Hispanic or Latino 0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	