

CHILD AND ADULT CARE FOOD PROGRAM CHILD ENROLLMENT

ENROLLMENT DATE: _____			
Child: _____		Parent/Guardian: _____	
Address: _____		Address: _____	
Birth date: _____		Telephone: (home/cell) _____	(work) _____
Relationship to provider: None	Grandchild	Nephew/Niece	Own

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Ethnicity (check one): Hispanic NonHispanic
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

Sponsoring Organization: Caring People Alliance
123 S. Broad St., Suite 2220
Philadelphia, PA 19103, (215)545-5230

Center/Home: _____
 Address: _____

Normal Hours of Care (write in times) *PLEASE CHECK IF: Times Vary _____ Days Vary _____ *

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____						
End: _____						

*If more than 8 hours of care per day, please attach a signed letter of explanation.

If school age: School Departure time _____ Time returning from school _____

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
_____	_____	_____	_____	_____	_____

Is the child of school age? ___Yes ___No If yes, will additional meals be provided when school is not in session? ___Yes ___No If yes, please specify the meal: _____Breakfast ___Lunch ___Snack ___Supper
 School District _____ Elementary/Middle School _____

Signature: _____
 Parent/Guardian Date

Signature: _____
 Center Administration/Home Provider Date

CHILD CARE REPRESENTATIVE USE ONLY: _____ The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

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;
3. email:
Program.Intake@usda.gov