Return this completed form to:

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. List times each participant is in care
3. Check the typical days and meals/snacks for each participant in care
4. Select the ethnicity of each participant
5. Select one or more racial designations of each participant
6. Sign and date the form and return to your care center

Participant's First and Last Name	List times in care	Typical Days in Care / Meals/Snacks* Received: *B = Breakfast | A = AM Snack | L = Lunch | P = PM Snack | S = Supper | E = Evening Snack							Ethnicity**	Race**
	to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
	to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
	to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
	to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
	to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

** This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

USDA Nondiscrimination 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: USDA ProgramDiscrimination Complaint Form, 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, telephonenumber, 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 rightsviolation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue,SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf

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