

Part 1: All Children in Household

Site Name: _____

Name	Date of Birth	Normal Hours	Relation	Check the Normal Days of Care / Meals* the Child Normally Receives while in Care each Day							Foster Child	Ethnic Identity^ (select one)	Racial Identity^ (select all that apply)
				Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
☐ Enrolled in Care	to	☐ Providers Own ☐ Residential ☐ Related but not residing with provider	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ 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
☐ Enrolled in Care	to	☐ Providers Own ☐ Residential ☐ Related but not residing with provider	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ 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
☐ Enrolled in Care	to	☐ Providers Own ☐ Residential ☐ Related but not residing with provider	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ 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
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☐ Enrolled in Care	to	☐ Providers Own ☐ Residential ☐ Related but not residing with provider	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	☐ 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

*B = Breakfast | A = AM Snack | L = Lunch | P = PM Snack | S = Supper | E = Evening Snack ^Optional

Infant Feeding Preferences Complete only if you have children under 12 months old. Choose one from each column:

- | | |
|--|--|
| ☐ I will accept the formula offered by my center. Type of formula: _____ | ☐ I accept the solid foods offered by my center. |
| ☐ I will decline the formula offered by my center and provide iron-fortified infant formula that is not on the FDA exempt list (unless there is a special dietary need). Type of formula: _____ | ☐ I decline the solid foods offered by my center and will provide my own solid foods. |
| ☐ I will provide breastmilk for my infant. | ☐ My infant is not developmentally ready to eat solid foods. |

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Effective: _____ to _____ Sponsoring Organization Signature: _____

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.