

Sponsor Name _____
Sponsor Address _____
City _____ State _____ Zip _____

Child Enrollment Form

The parent/guardian of the enrolled child must complete the information below.

Child's First/Last Name _____

Child's Birthdate _____

☐ Check here if this child is provider's own and/or part of provider's household.

Are other siblings in care? ☐ Yes ☐ No

Providers Name	
Date	
License Number	
Sponsor Name	

Infants- Birth through 11 months

As the parent of an enrolled infant:

☐ I will supply breast milk for the provider to feed my infant and decline the iron-fortified infant formula my provider has offered me.

☐ I accept the iron-fortified infant formula my provider has offered me.

☐ I decline the iron-fortified infant formula my provider has offered and will supply my own formula _____

School Age/Kindergarten Information

Kindergarten ☐ Yes ☐ No

School Age ☐ Yes ☐ No Grade: _____

Hours in school: _____ to _____

Days in school: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

School Attending: _____

School District: _____

Normal Days in Care	Normal Hours in Care	Normal Meals to be Received While in Care
☐ Monday	_____ to _____	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack
☐ Tuesday	_____ to _____	
☐ Wednesday	_____ to _____	
☐ Thursday	_____ to _____	
☐ Friday	_____ to _____	
☐ Saturday	_____ to _____	
☐ Sunday	_____ to _____	
☐ School Holidays	_____ to _____	

☐ Drop-in care (please fill complete chart above)

Parent's Name Printed _____

Parent's Signature _____

Phone Number _____

Address _____

City, State, Zip _____

Email _____

To assure that all eligible children are receiving program benefits, please indicate the ethnic and racial identity that you think most closely characterizes your child by selecting one or more of the boxes under each category listed below. This information is voluntary and will not affect the ability of your child to participate in this program. Please select one or more that applies under each category.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ New CEF ☐ Updated CEF

This form is effective (Month/Year): _____

Nondiscrimination Statement (Revised May 2022) 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, 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 (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](#), 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: Mail: US 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.