



The Child and Adult Care Food Program Application for Child Participation

Dear Parent: Your child has the opportunity to participate in the Child & Adult Care Food Program with other children in this child care home. Please take a moment to complete this form and return it to your childcare provider.

CIRCLE ONE: NEW RENEWAL TIME CHANGE UPDATE:

Provider's Name:

Parent: Please complete the information below for your child (only one child name per sheet).

Child's Information (If Alternate Approved or Income Eligible: indicate relationship)

Child's First/Last Name Date of Enrollment

Date of Birth Child's Age:

Child's Last 4 digits of SS #

Child's Attendance Schedule

Please check the days this child will attend the child care home:

Monday Tuesday Wednesday Thursday Friday

Pre-school Arrival Time Pre-school Departure Time School Age Child Split - Arrival Time School Age Child Split - Departure Time

Participants meals (circle only 3): Breakfast AM Snack Lunch PM Snack Dinner

If this schedule varies or is flexible, provide specific times:

Hours child will attend child care home during school breaks and summer: Arrival Departure

Check all that apply: Infant/Toddler/pre-school School Age Shift Vary Full time Part time

Food Allergies/special diet? Yes No. If yes, Explain and provide doctor's statement to support special diet.

Please check ethnic or racial data: Voluntary civil Right Information: (Ensure that all receives benefits on a fair basis.)

White, not Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Other,

Gender: Male Female

Physical Information

Name of physician: Phone Number: Address: City, State & Zip Code:

Parent Information

Parent's Name: Last 4 digits of SS #: Address: City, State & Zip Code: Daytime Phone #: Cell Phone #:

I certify that all of the above information is true and correct. I understand that his information is being given for the receipt of Federal funds; that institution officials may verify the information that deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.

Signature of Parent: Date: