



**The Child and Adult Care Food Program
Enrollment Form for Family Child Care**

NAME OF CARE PROVIDER: _____

FISCAL YEAR: 2017

Please complete this form for all children in your household who are enrolled at this family child care home. Return this form to your care provider.

ENROLLMENT INFORMATION

Name of Enrolled Child: _____ **Date of Birth:** _____

Normal Days of Care

(circle all that apply): Mon / Tues / Wed / Thurs / Fri / Sat / Sun **Normal Hours of Care:** From: _____ AM / PM To: _____ AM / PM

Meals Normally Provided by Caregiver *(circle all that apply):* Breakfast / Morning Snack / Lunch / Afternoon Snack / Supper / Evening Snack

FOR PROVIDER USE ONLY: Date of Termination: _____

Name of Enrolled Child: _____ **Date of Birth:** _____

Normal Days of Care

(circle all that apply): Mon / Tues / Wed / Thurs / Fri / Sat / Sun **Normal Hours of Care:** From: _____ AM / PM To: _____ AM / PM

Meals Normally Provided by Caregiver *(circle all that apply):* Breakfast / Morning Snack / Lunch / Afternoon Snack / Supper / Evening Snack

FOR PROVIDER USE ONLY: Date of Termination: _____

Name of Enrolled Child: _____ **Date of Birth:** _____

Normal Days of Care

(circle all that apply): Mon / Tues / Wed / Thurs / Fri / Sat / Sun **Normal Hours of Care:** From: _____ AM / PM To: _____ AM / PM

Meals Normally Provided by Caregiver *(circle all that apply):* Breakfast / Morning Snack / Lunch / Afternoon Snack / Supper / Evening Snack

FOR PROVIDER USE ONLY: Date of Termination: _____

CIVIL RIGHTS INFORMATION: ENROLLED CHILD(REN)'S ETHNICITY & RACE (OPTIONAL)

Please specify the ethnic and racial identity of your children.

Ethnicity (mark one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more racial identities):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this Program is administered in a nondiscriminatory manner.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. " The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, income derived all or in part from any public assistance programs, or protected genetic information in employment or any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form, found online at http://ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax at (202) 690-7442, or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8330 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

In conjunction, the District of Columbia Human Rights Act, approved December 13, 1977 (DC Law 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-3545.

PARENT/GUARDIAN CONTACT INFORMATION AND SIGNATURE

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Home Address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____