



DAY CARE HOME ENROLLMENT FORM

Name of Day Care or Owner/Operator _____

On-Site Provider (if different) _____

Child's Name _____ DOB _____ Male Female

Child's Name _____ DOB _____ Male Female

Child(ren)'s Ethnic Information (Choose one option per child)

Hispanic or Latino Not Hispanic or Latino

Child(ren)'s Racial Information (Choose at least one option per child)

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Meals child normally receives in care

Breakfast AM Snack Lunch PM Snack Supper LN Snack

EXPECTED DAYS OF CARE	DROP-OFF TIME	PICK-UP TIME	CHECK IF ATTENDS ON NON-SCHOOL DAYS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Parent/Guardian's Name _____

Home Address _____

Home Phone Number _____ Work/Cell Phone Number _____

Parent/Guardian's Signature _____ Date _____

Date Care Began _____ Date Care Ended _____

Form Entered in Homes System _____ Date Form Expires _____

(Initials)

CACFP is available to all children regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964.