**CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM**
**FY 2010**

Your child care provider,_____ participates in the Child and Adult Care Food
(PROVIDER NAME)
Program (CACFP). This program extends the benefits of the National School Lunch program to children in family child care homes. Your child care provider is sponsored on the CACFP by Community Nutrition Resources, Inc.
(SPONSOR)

Under the regulations of the Child and Adult Care Food Program **your provider** may not charge you separate fees for meals nor ask you to provide food for your child for those meals claimed under the program. A maximum of 2 meals and 1 snack or 2 snacks and 1 meal may be reimbursed per day for your child(ren) on the Child and Adult Care Food Program. Your provider may charge you for meals or snacks served to your child in excess of those being claimed for reimbursement.

Verification procedures may be conducted to insure that your provider's claims for reimbursement are consistent with child care services provided. As the sponsor for your provider, we must verify that your child is enrolled in the home for child care. Please complete the following:

I wish to enroll the following children in the CACFP:

| CHILD(REN'S) FULL NAME | BIRTH DATE | NAME OF SCHOOL (enter "none" if applicable) | SCHOOL HOURS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Are your children (check all that apply):

___ Day Care Child
___ For Compensation
___ New Enrollment
___ Grandchildren
___ Provider's Own Child
___ Not for Compensation
___ Continuing Enrollment
___ Child Lives in the Home
___ Child Does Not Live in the Home

Check meals served to your child while in school:

_____Breakfast
_____Lunch
_____Supper
_____Snack

PARENT SIGNATURE | WORK PHONE # | HOME/MESSAGE PHONE

ADDRESS | CITY | ZIP | DATE

Directions to home if PO Box listed:

Racial-Ethnic Heritage of **YOUR** child(ren):
Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please circle correct category below (if willing):

| Black-not of Hispanic Origin | Hispanic | Asian or Pacific Islander | American Indian or Alaskan Native | White-not of Hispanic Origin | Other |
|---|---|---|---|---|---|

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

**In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability**