

FOOD PROGRAM ENROLLMENT FORM

Facility Name _____

Please **COMPLETE** the following 7 items: **(ALL 7 MUST BE COMPLETED)**
Complete por favor los siguientes 7 artículos

(1) FULL NAME OF CHILD / Nombre completo del niño:

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES _____

(2) CHILD'S DATE OF BIRTH / Fecha de nacimiento: _____

(3) TIMES IN CARE / Las horas en cuidado: _____ TO _____ Example 6am to 5:30pm

(4) DAYS IN CARE / Los días en cuidado: _____ Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/
Las comidas servidas normalmente al niño mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EVENING SNACK
(Please circle meals)

(6) _____ (7) _____
Signature-Parent or Adult Household member Today's enrollment date into Food Program
Firma de un miembro adulto de la unidad familiar Fecha

(8) WITHDRAWAL DATE: _____

Non-Discriminatory Policy:

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.

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Enrollment completed on 10/10/03