

FOOD PROGRAM ENROLLMENT FORM

Facility Name _____

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

(1) **FULL NAME OF CHILD / Nombre complete del nino:**

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 dias en cuidado:** _____ **Example: Mon-Fri**

(5) **MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/**
Las comidas sirvidas normalmente al nino 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.

To file a complaint of discrimination, write USDA, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

Enrollment completed on 10/10/03