

PROVIDER NAME:			Enrollment Form			
Child First Name	Child Last Name	Date of Birth	Hour In	Hour Out	Days In Care	Meals Attending
					MON TUE WED THR	breakfast am snack lunch pm snack
(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack
					MON TUE WED THR	breakfast am snack lunch pm snack
(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack
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(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack
Parent First Name		Parent Last Name		Date of Enrollment:		
Address:				EMAIL:		
City, State, Zip						
Cell Phone				Work phone		
IF YOUR CHILD IS UNDER 12 MONTHS OLD, INDICATE WHO SUPPLIES FORMULA:						
____ Provider supplies ____ parent supplies						
____ The provider will supply formula		____ I Will bring the Breastmilk		I will bring the Iron fortified infant formula listed here: _____ (if this formula is low-iron or non iron fortified a medical statement is necessary.)		
Date of change:		New instructions: example: <i>change formula to Iron fortified Similac</i>				
Provider must update this information as the situation changes, such as a change in the infant's formula. Update in the space provided above.						
When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternates as they become developmentally ready to accept according to the Infant Meal Pattern. Please select your food preference:						
____ I will supply solid foods.		____ The Provider will supply the solid foods when my child is developmentally ready to accept them				

Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. 972-772-3200. Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) Found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter by: 1 mail: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410; fax: 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

Signature X	Date of Signature
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Fax: 972-203-9429 office 972-772-3200 Email: Homes@nutriservice.org

