

CACFP CHILD ENROLLMENT FORM

Sanford Children's CHILD Services
 Children's Family Day Care Network
 5015 S. Western Ave., Suite 120, Sioux Falls, SD 57108
 (605) 312-8390



Provider Name: _____

Please complete all the information below for each child enrolled in care and sign the document.

Child Information	Normal Day/Hours in Care <small>Circle All that Apply</small>	Meals Normally Eaten at Facility <small>Circle All that Apply</small>	Provider Fills Out
1. Full Name: _____ 2. Date of Birth: _____ 3. Ethnicity: <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic/Latino 4. Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White 5. List Special Diet/Needs: _____	6. Normal Days in Care: Mon Tues Wed Thur Fri <input type="checkbox"/> Check if day/hours vary 7. Normal Hours in Care: _____ to _____	8. Meals Normally Eaten at Facility: Breakfast Am Snack Lunch PM Snack	Enrollment Date: _____ Update Date: _____ Dismissal Date: _____
1. Full Name: _____ 2. Date of Birth: _____ 3. Ethnicity: <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic/Latino 4. Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White 5. List Special Diet/Needs: _____	6. Normal Days in Care: Mon Tues Wed Thur Fri <input type="checkbox"/> Check if day/hours vary 7. Normal Hours in Care: _____ to _____	8. Meals Normally Eaten at Facility: Breakfast Am Snack Lunch PM Snack	Enrollment Date: _____ Update Date: _____ Dismissal Date: _____
1. Full Name: _____ 2. Date of Birth: _____ 3. Ethnicity: <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic/Latino 4. Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White 5. List Special Diet/Needs: _____	6. Normal Days in Care: Mon Tues Wed Thur Fri <input type="checkbox"/> Check if day/hours vary 7. Normal Hours in Care: _____ to _____	8. Meals Normally Eaten at Facility: Breakfast Am Snack Lunch PM Snack	Enrollment Date: _____ Update Date: _____ Dismissal Date: _____

Parents/Guardian's Name (Print) : _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mother's Employer: _____ Phone: _____ Cell: _____

Father's Employer: _____ Phone: _____ Cell: _____

Parent's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Office Use: Date Entered: _____ Staff Initials: _____

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.