

Child Care Provider Name: \_\_\_\_\_

## AEYC Child & Adult Care Food Program ENROLLMENT FORM

3100 Channel Drive. Suite 215 | Juneau, Alaska 99801 | 907-789-1235 ext. 107 / 888-785-1235 ext. 107

**Dear Parent: Please fill out the following information so that your child(ren) may be enrolled in the Child Care Food Program which reimburses child care providers for serving nutritious, well balanced meals.**

Child's Name (please print)	Age	Date of Birth	Hours in Care	Meals During Care					
				Bkf	AM	Lun	PM	Din	Eve
_____	_____	_____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Days in care each week:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Please list occasional changes to the above schedule due to parent's shift work schedule, school closures, holidays, drop-in days/hours, etc.) \_\_\_\_\_.

Is your child(ren) related to the child care provider? No: \_\_\_ Yes: \_\_\_ How? \_\_\_\_\_.

List any food allergies your child(ren) may have: \_\_\_\_\_.

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. If you decline to provide this information, it will in 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. Please check the correct category:

Black or African American                       American Indian or Alaskan Native                       Hispanic  
 White, not of Hispanic origin                       Asian or Pacific Islander                       Other

- I understand my child(ren) will receive meals at no extra cost when they are under care during any of the scheduled meal services claimed under the Child & Adult Care Food Program. I have received a copy of Program Aid Number 1299 the 'Parent Brochure', which explains the goal of the program.
- If I need to be contacted by phone to update and/or verify this information, I would prefer to be called at: \_\_\_\_\_ home \_\_\_\_\_ work.
- By checking this space, I decline my child's participation in this program \_\_\_\_\_.

Parent/ Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

This child care home is operated in accordance with USDA policy, which does not discriminate because of race, color, national origin, age, sex, or handicap. If you believe that your child has been treated unfairly in receiving food services for any of these reasons, write immediately to Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302.