CACFP CHILD ENROLLMENT FORM

SANFORD Children's

Family Day Care Network
1115 W 41st St., Sioux Falls, SD 57105
(605) 312-8370 • (800) 235-5923

Provider Name: ______________________________________

Provider Number: ___________

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

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

012002-00008 Rev. 11/16

Top Copy: Family Day Care Network **Yellow Copy:** Provider's Records **Pink Copy:** Dismissal Copy

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.