

Child care provider name: _____

USDA Child Care Food Program Enrollment Form AEYC-SEA Child Care Food Program

3100 Channel Drive. Suite 215. PO Box 22943. Juneau, Alaska 99802-789-1235/ 888-785-1235

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 to child care children.

Child's name (please print)	Age	Date of birth	Regular hours in care	Meals served					
				Bkf	AM	Lun	PM	Din	Eve
_____	_____	_____ to _____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____ to _____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____ to _____	_____ to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____ to _____	_____ 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 Sunday

Date child(ren) began care with this provider (if new in care): _____.

Please list occasional changes to the above schedule (varying hours due to parent's shift work schedule, school closures, holidays, drop-in days/hours and School Schedule): _____.

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 (if willing).

Black 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 Care Food Program. I have received a copy of Program Aid Number 1299, which explains the goal of the food program. By checking this space, I decline my child's participation in this 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.

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.