 NEW **€** UPDATE **€** DROP IN **€**



**EDINBURG CHILD CARE, INC.**

**A USDA FOOD PROGRAM**

**(SPONSORING CHILD CARE NUTRITION SINCE 1983)**

Enrollment Form

**(Please Print)**

Day Care Center: Phone No.

***1.* \*\***Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your day care provider participates in the Child and Adult Day Care Food Program. Your child will be given a nutritious meal which promotes good eating habits while in the provider’s center. Please complete this form to enroll you child(ren). The CACFP Child and Adult Food Program will verify this information for compliance.*

***2.* Childs First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:** **Male** **Female**

***3. Days and hours child is normally in care:***

Time of Arrival: \_\_\_\_\_\_\_\_\_\_ am / pm Departure \_\_\_\_\_\_\_\_\_\_\_ am / pm **Days in Care**: M T W T F S Su

*(Circle one) (Circle one) (Circle days in care)*

***School Aged Children:***

Time Leaves for school from Center: \_\_\_\_\_\_\_\_\_ am / pm Returns from school: \_\_\_\_\_\_\_\_\_\_ am / pm

**Meals served:** Breakfast AM Snack  Lunch PM Snack Supper Evening Snack

***4.*** Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) **Emergency telephone:** ( )

Parent / Guardian place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( )

*Note: Parents will be contacted to verify emergency telephone number*

*Ethnic classification-may be used only to assure non-discrimination*

***5.*** Ethnicity: € Hispanic or Latino € Non-Hispanic or Latino

**Race:** **€ White € American Indian/Alaskan € Black € Asian/Pacific Islander**

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***6.*** I hereby certify the information given on this sheet is true and correct to the best of my knowledge. **I also certify that I was given CACFP Meal benefit Income Eligibility Letter for Households, WIC information, Building for the Future Flyers, Civil Rights Complaint Procedures.**

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\* This is the date child is enrolled in Food Program.*  *Form must be completed and signed by parent/guardian. Centers Keep Original & Copy to Edinburg Child Care, Inc. [956-383-6789 / Fax: 956-383-6888} Revised: 09/2014***