

**USDA FOOD PROGRAM ENROLLMENT FORM  
CROWLEY'S RIDGE DEVELOPMENT COUNCIL, INC.**

(TO BE FILLED OUT BY PARENT OR GUARDIAN ONLY)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Daycare Provider's Legal Name)

\_\_\_\_\_  
Elementary School District

I wish to enroll my child/children whose name(s) and enrollment information is below, in the USDA Child and Adult Care Food Program (CACFP) which reimburses daycare providers for serving nutritious, well balanced meals/snacks to daycare children.

Full Name of Child(ren) Print Child's Legal Name	DOB MM/DD/YY	Hrs of Care to	Meals Needed - Mark "X"					
			B	AM	L	PM	D	Eve
	/ /	to						
	/ /	to						
	/ /	to						

**IF CHILD IS UNDER 1 YR OLD – OBLIG. TO SERVE INFANT FORM MUST BE COMPLETED!**

**Days in care on a normal week (circle):** Mon Tue Wed Thu Fri Sat Sun

Note here other hours and meals when child(ren) will occasionally be served, or other special information: \_\_\_\_\_

**Benefits received (circle-opt.):** Voucher WIC Free meals (pub. sch.) Head Start

**Food Allergies:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_

I understand my child/children will receive meals at no extra charge to me when in care during any of the scheduled meal services. I understand the daycare will not discriminate for reasons of race, color, national origin, age, sex, or handicap. If I need to be contacted to update/verify this information please contact me at the following:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Racial-Ethnic Heritage of your child(ren):** We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. This information is strictly for statistical reporting requirements and will not be used in considering your application. **(Please circle if willing)**

Black (Not Hisp.) Hispanic Asian/Pac. Islander American/Alaska Native White

**Confidentiality:** The information you provide will be treated confidentially and will be used only for eligibility determination and verification of data for the CACFP.

**THIS FORM MUST BE LEGIBLE OR REIMBURSEMENT WILL NOT BE ALLOWED!**