

Parent or Guardian completes form

Name of Day Care or Owner/Operator _____	
On-Site Provider (if different) _____	
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Child(ren)'s Ethnic Information (Choose one option per child) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Child(ren)'s Racial Information (Choose one option per child) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	
Primary language spoken at home _____	
Check if any of these apply	
<input type="checkbox"/> Resident Child <input type="checkbox"/> Child is related to Provider <input type="checkbox"/> Child of Migrant Farm Worker <input type="checkbox"/> Special Needs <input type="checkbox"/> Foster Child	
HOURS/DAYS/MEALS	
Time Care Begins _____ Time Care Ends _____	
Days child normally receives care	
<input type="checkbox"/> Mon-Fri OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Meals child normally receives in care	
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> LN Snack	
Holiday and/or Weekend Care <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Care Begins _____ Time Care Ends _____	
Does child(ren) attend school <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School _____	
Does child receive care on non-school days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INFANT FEEDING STATEMENT (must be completed for any child less than one year of age)	
<input type="checkbox"/> The Parent will supply breastmilk or formula <input type="checkbox"/> The Parent will supply ALL infant's food <input type="checkbox"/> The Provider will supply formula <input type="checkbox"/> The Provider will supply infant's food	
CONTACT INFORMATION FOR PARENT/GUARDIAN	
Parent/Guardian's Name _____	
Home Address _____	
Home Phone Number _____	Work/Cell Phone Number _____
Parent/Guardian Signature _____	Date _____
Sponsor Use Only Section	
Date Enrollment Begins _____	Date Enrollment Expires _____
Child Enrollment Approved _____ (initials)	
Emergency Placement _____ (Provider Name)	

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