



Child Care Food Program I.C.R.I. Family Day Care Support Network

CALIFORNIA DEPARTMENT OF EDUCATION
CHILD CARE FOOD PROGRAM
CNFDD 3200C (5/95)



ENROLLMENT FORM

THE PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM IN INK AND RETURN IT TO THE CHILD CARE FACILITY PRIOR TO THE CHILD BEING PLACED IN CARE.

PART I - PARTICIPATION

Provider Name	Address	Telephone Number
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I wish to enroll my children in the care of the above-named sponsor in order for my children to participate in the Child Care Food Program. I understand that the CCFP reimburses child care sponsors for serving nutritious, well-balanced meals to children while in care.

Parents Name :		AGE	BIRTH DATE	HOURS IN CARE	
NAMES OF CHILDREN	DATE ENROLLED			In	Out

CIRCLE USUAL DAYS OF CARE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

CIRCLE MEALS SERVE: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

PART II - MEDICAL INFORMATION

PHYSICIAN'S NAME	TELEPHONE NUMBER
ADDRESS	MEDICAL NUMBER
FOOD ALLERGIES, OTHER ALLERGIES, OR OTHER PHYSICAL PROBLEMS OF CHILDREN	

PART III - CERTIFICATION

I understand my children will receive meals when they are in attendance during any of the scheduled meal services. I understand that these meals will be provided at no extra charge to me, nor will I be required to bring food items to supplement the meals served under the Child Care Food Program.													
Signature of Parent/Guardian	Date	Home Telephone Number	Work Telephone Number										
Address													
Person to contact in case of Emergency if you cannot be reached:													
(Name)		(Telephone Number)											
<p>Nondiscrimination -- The Child Care Food Program is available without charge to everyone regardless of race, color, national origin, age, sex, or disability. If anyone believes that he or she has been discriminated against, write immediately to:</p> <p>Administrator Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302</p>		<p>Racial/Ethnic Heritage of your Children -- Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect your child's participation in the Child Care Food Program. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please circle the correct category below:</p> <table border="0"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>American Indian Alaskan Native</td> <td>Asian or Pacific Islander</td> <td>Black-Not of Hispanic Origin</td> <td>Hispanic</td> <td>White-Not of Hispanic Origin</td> </tr> </table>		1	2	3	4	5	American Indian Alaskan Native	Asian or Pacific Islander	Black-Not of Hispanic Origin	Hispanic	White-Not of Hispanic Origin
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