

MDC CHILD CARE FOOD PROGRAM

721 South Fawcett, Suite 203 Tacoma, WA 98402 253-284-7865/1-800-843-9317

ENROLLMENT FORM

(MUST BE IN INK and completed by parent or guardian)

I wish to enroll my child/children whose names and enrollment information are given below, in the Child Care Food Program which reimburses day care providers for serving nutritious, well balanced meals to day care children.

DAY CARE PROVIDER: _____ **First Day of Care:** _____

MM#	NAME(Last)	NAME(First)	Sex	Birthdate	B	AM	L	PM	D	ES

Check all Possible Days of Care: MON TUE WED THU FRI SAT SUN HOLIDAYS

The options for my infant have been explained. I have indicated my choices by checking the statement, below:

- I WILL ACCEPT PROVIDERS OFFER TO SUPPLY IRON FORTIFIED INFANT FORMULA.
FORMULA OFFERED: _____ **(REQUIRED REGARDLESS OF CHOICE)**
- I WILL SUPPLY FORMULA OR BREASTMILK **FORMULA BRAND NAME:** _____
- I WILL SUPPLY FORMULA OR BREASTMILK AND PROVIDER WILL PROVIDE FOOD AS REQUIRED
- I WILL PROVIDE ALL FOOD AND FORMULA/BREASTMILK UNTIL FIRST B-DAY

IMPORTANT:

- * If my child has food allergies I will provide a physician's statement which includes what his/her allergies are and recommended substitutions. Your day care provider has an allergy form if you wish to use that.
- * I have received a copy of "Building For The Future" explaining the goals of the CACFP.
- * I understand that this program is available to eligible children without regard to race, color, age, sex, national origin or disability. (If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.)
- * I understand that I may be contacted by MDC regarding meals claimed by the provider for my child.

Although you are not required to provide this information, your cooperation will help determine compliance with the federal civil rights law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please select the ethnicity and one or more categories of race.

- | | | |
|---|--|--|
| Ethnicity: | Race: | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial |

PARENT NAME: _____ PHONE(HOME): _____ (WORK): _____
 (Print) (Area Code) (Area Code)

PARENT ADDRESS: _____
 City Zip code

PARENT SIGNATURE: _____ DATE: _____

MUST BE SIGNED AND DATED WITHIN THE MONTH OF START DATE

PARENT: The information you provide is confidential and will be used only for eligibility determination and verification of data for CACFP purposes.
DAYCARE PROVIDER: The original enrollment form is due into the program office by the 5th of the month following the date childcare began. Keep the carbon copy for your records. Be sure to check the enrollment for completeness.

THIS PROGRAM IS A PROJECT OF THE METROPOLITAN DEVELOPMENT COUNCIL