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|  | **Child & Adult Care Food Program**  **@ Androscoggin Head Start & Child Care**  **dba Promise Early Education Center** |  |
| **CACFP Enrollment Form** | | |

Center Classroom DOB Sex

This is to certify that Age is enrolled in Head Start for Child Care purposes.

(Please print child’s **full name**)

I understand my child will receive meals and/or supplements in accordance with the requirements of the U.S.D.A. & Child and Adult Care Food Program.

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(Please **print** parent/guardian’s full name) (Date)

Home Phone #: Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Street Apt. # City/Town State Zip Code

Days of week in care:  M  T  W  Th  F  S  Sun

Hours in Care: (from) (to)

Meals received while in care: \*  B  AM  L  PM  S

Racial/Ethnic Identity:

To assure the USDA that everyone benefits on a fair basis, please check the following:

**Ethnicity:** **Race:**

( ) Hispanic or Latino ( ) American Indian or Alaskan Native

( ) Not Hispanic or Latino ( ) Asian

( ) Black or African American

( ) Native Hawaiian or other Pacific Islander

( ) White

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Parent or Guardian)**

**Key: \* B = Breakfast AM = AM Snack L = Lunch PM = PM Snack S = Supper**

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER**