

Day Care Home Provider's Name _____

Child's Name _____ DOB _____ Male Female

Child's Name _____ DOB _____ Male Female

Child(ren)'s Ethnic Information *(Choose one option per child)*
 Hispanic or Latino Not Hispanic or Latino

Child(ren)'s Racial Information *(Choose at least one option per child)*
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Other _____

Meals child normally receives in care
 Breakfast AM Snack Lunch PM Snack Supper LN Snack

EXPECTED DAYS OF CARE	DROP-OFF TIME	PICK-UP TIME	CHECK IF ATTENDS ON NON-SCHOOL DAYS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Parent/Guardian's Name _____

Home Address _____

Home Phone Number _____ Work/Cell Phone Number _____

Parent/Guardian's Signature _____ Date _____

Date Care Began _____ Date Care Ended _____

Form Entered in Homes System _____ Date Form Expires _____
 (Initials)

CACFP is available to all children regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964.