

# NORTHWEST NUTRITION SERVICE

**P.O. Box 68365, Milwaukie, Or 97268**

**(503)653-7626 or 1-800-600-6058**

## Child Enrollment Form

This information will be treated confidentially and only for eligibility determination and verification of data for the Child and Adult Care Food Program

NAME OF DAYCARE PROVIDER (not name of daycare) \_\_\_\_\_

**This form must be filled out by the parent/guardian only. Missing information will invalidate this form.**

**RACIAL OR ETHNIC IDENTITY (not required)**

Please check your child's racial ethnic identity

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities, if any:

- American Indian & Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other

"USDA and the State of Oregon are equal opportunity providers and employers"

Child's Name First -Last	Birthdate (mm,dd,yyyy)	Hours of Care	Bkft 6-9	AM	Lunch 11-1:30	P M	Dinner 5-7	Late Snack
		Start: End:						
		Start: End:						
		Start: End:						
		Start: End:						

**Days of the Week in Care (check all that apply including occasional care)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Allergies-**Note here any food allergies your child has. If allergic to milk, medical doctor note must be submitted with enrollment and must include the substitution for milk.: \_\_\_\_\_

I understand my child will receive meals at no extra charge when they are in care during any of the scheduled meal services. This facility is operated in accordance with the U.S. Department of Agriculture policy which does not permit discrimination because of race, color, age, handicap, sex or national origin. More information may be obtained here or from the Office of Equal Opportunity, USDA, Washington, D.C. 20250. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

I wish to enroll my child/children, whose enrollment information is given above, in the Child and Adult Care Food Program. This program reimburses daycare providers for serving nutritious, well balanced meals to daycare children.

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Evening phone

Effective date of enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year