

Parent or Guardian completes form

Name of Day Care or Owner/Operator _____	
On-Site Provider (if different) _____	
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name _____	Child # _____ DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Child(ren)'s Ethnic Information (Choose one option per child)	Child(ren)'s Racial Information (Choose one option per child)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
<input type="checkbox"/> Black or African American	
Primary language spoken at home _____	
Check if any of these apply	
<input type="checkbox"/> Provider's Resident Child <input type="checkbox"/> Child is related to Provider <input type="checkbox"/> Child of Migrant Farm Worker <input type="checkbox"/> Special Needs <input type="checkbox"/> Foster Child	
HOURS/DAYS/MEALS	
Days child normally receives care	Time Care Begins _____ Time Care Ends _____
<input type="checkbox"/> Mon-Fri    OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Meals Child normally receives in care	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> LN Snack
Holiday and/or Weekend Care	<input type="checkbox"/> Yes <input type="checkbox"/> No    Time Care Begins _____ Time Care Ends _____
Does child(ren) attend school	<input type="checkbox"/> Yes <input type="checkbox"/> No    Name of School _____
Does child receive care on non-school days ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
INFANT FEEDING STATEMENT (must be completed for any child less than one year of age)	
<input type="checkbox"/> The Parent will supply breastmilk or formula <input type="checkbox"/> The Parent will supply ALL infant's food	
<input type="checkbox"/> The Provider will supply formula <input type="checkbox"/> The Provider will supply infant's food	
CONTACT INFORMATION FOR PARENT/GUARDIAN - to be completed by Parent/Guardian	
Parent/Guardian's Name _____	
Home Address _____	
Home Phone Number _____ Work/Cell Phone Number _____	
Parent/Guardian Signature _____ Date _____	

FOR SPONSOR USE ONLY		
Date Enrollment Begins _____	Date Enrollment Expires _____	Child Enrollment Approved _____ INITIALS
Emergency Placement _____		PROVIDER NAME

USDA is an equal opportunity provider and employer .