



PO Box 358 or 360  
 Watertown, MA 02471  
 Lorna Ashton, Director  
 (617) 924-9292

# Child Enrollment Form

Provider Resources, Inc.

PROVIDER'S NAME \_\_\_\_\_ ID # \_\_\_\_\_

Dear Parent/Guardian:

Your Family Day Care (FDC) provider participates in the United States Department of Agriculture (USDA) and the Massachusetts Department of Education's Child and Adult Care Food Program (CACFP) sponsored by Providers Resources Inc. Program. The CACFP extends the benefits of the National School Lunch Program to non-residential children through age 12 enrolled in family child care. Providers serve nutritious meals that follow USDA mandated meal patterns, introducing different types of foods and teaching good eating habits. Your provider will give you a copy of the minimum meal components and portion requirements to be served according to your child's age. Under the CACFP regulations your provider may not charge separate fees for meals, or ask you to provide food for your child for those meals claimed under the CACFP. Provider child care fees cover care of your child and the food cost not reimbursed by CACFP. A diet statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

This form verifies the approximate times of the day your child is enrolled for care at this FDC home. Please complete the following for each child. Enter the arrival and departure times and place a "✓" for each meal REQUESTED to be served under the CACFP.

CHILD NUMBER ASSIGNED \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE ENROLLED \_\_\_\_\_

SCHEDULE	MON	TUES	WED	THUR	FRI	SAT	SUN
TIME IN							
TIME OUT							
BREAKFAST							
AM SNACK							
LUNCH							
PM SNACK							
SUPPER							

**SCHOOL INFO:**  
 School District \_\_\_\_\_  
 \_\_\_ School Age  
 \_\_\_ Full Day Kindergarten  
 \_\_\_ AM Kindergarten  
 \_\_\_ PM Kindergarten  
 \_\_\_ Pre-school / Headstart Full Day, AM, PM

**DAYS ATTENDING SCHOOL**  
 \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri  
 School Depart Time \_\_\_\_\_ AM/PM  
 School Return Time \_\_\_\_\_ AM/PM

Is your child enrolled in any other Family Child Care Home?  No  Yes. If Yes please provide the following:

Provider's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City /Town: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**INFANT ENROLLMENT ONLY (Birth through 11 months)**

I, \_\_\_\_\_ understand that this home participates and receives reimbursement in the Child and Adult Care food program (CACFP). Nutritious meals (parent or guardian) meeting the United States Department of Agriculture guidelines are served to the children enrolled in this program. I also understand that this Family Child Care served USDA \_\_\_\_\_ formula to the infants in their care.  
 (Name of Formula)

PLEASE CHECK ONE OPTION

I would like this provider to provide meals to my infant child  I will provide meals for my infant child.

\*\*\*\*\* PARENT INFORMATION\*\*\*\*\*

Mother's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_

**VOLUNTARY CIVIL RIGHTS INFORMATION:** Please indicate ethnic or racial identity of your children by checking one of the boxes below. This information is voluntary and will not affect your children's eligibility. This information is being collected to assure that everyone receives CACFP benefits on a fair basis.

- WHITE - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK or AFRICAN AMERICAN - A person having origins in the black racial groups of Africa
- AMERICAN INDIAN or ALASKA NATIVE - A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos)
- HISPANIC or LATINO - A person or Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- NATIVE HAWAIIAN or other PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. I have received a copy of this completed form.

PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

The Child and Adult Care Food Program is operated in accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. (01/07)