

# 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.**

<b>RACIAL OR ETHNIC IDENTITY (not required)</b>		
Please check your child's racial ethnic identity		
Mark one ethnic identity:	Mark one or more racial identities, if any:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

"This institution is an equal opportunity provider"

Child's Name First -Last	Birthdate (mm,dd,yyyy)	Hours of Care	Bkft 6-9	AM	Lunch 11-1:30	PM	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.  
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 all daycare children.

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

**(Payment for child will begin on the first day of the month in which this form has been dated)**

**DATE \_\_\_\_\_ Parent must date this form to be valid.**