

Child and Adult Food Care Program

Enrollment Application for Centers with No Meal Charge

PARENT OR GUARDIAN MUST COMPLETE AND SIGN THIS FORM IN INK AND RETURN IT TO THE CHILD CARE FACILITY PRIOR TO THE CHILD BEING PLACED IN CARE. It is required that this information be updated annually.

Part 1: Participation

Sponsor Name: Kinder World Preschool and Child Care	Address: 6565 Belleau Wood Lane Sacramento, CA 95822	Phone number: (916) 422-5437
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I wish to enroll my children in the care of the above-named sponsor in order for my children to participate in the Child and Adult Care Food Program (CACFP). I understand that the CACFP reimburses child care sponsors for serving nutritious, well-balanced meals to children while in care.

Names of Children	Date Enrolled	Age	Birth Date	Hours In Care	
				In	Out

Check Usual Days of Care: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Check usual meals that will be received: Breakfast AM Snack Lunch PM Snack Supper

Part II: Medical Information

Physicians Name:	Telephone Number:
Address:	Medical Number:
Food Allergies, other allergies or other physical problems of children:	

Part III: Certification

I understand that my children will receive meals when they are in attendance during any of the scheduled meal services and that these meals will be provided at no extra charge to me. I will not be required to bring food items to supplement the meals served under the CACFP.			
Signature of parent/guardian:	Date:	Home Phone Number:	Work Phone Number:
Address:			
Person to be contacted in case of emergency, if you cannot be reached:			
NAME: _____		TELEPHONE NUMBER: _____	
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Racial Identity (identification of children is voluntary)		Ethnic Identity:	
American Indian or Alaska Native ____	Asian ____	Mark (x) if this participant is Hispanic or Latino _____	
Black or African American ____	White ____		
Native Hawaiian or other Pacific Islander ____			