

ENROLLMENT FORM / Child & Adult Care Food Program
Grace Christian Child Care, 433 E. Main Street, Hummelstown PA 17036

Child _____ Birth Date _____

Address _____

Age _____ Ethnicity ___ Non-Hispanic ___ Hispanic

Race ___ White ___ Black ___ Asian ___ Native American or Alaskan Native ___ Native Hawaiian or Pacific Islander

DAYS & HOURS OF CARE

Days Attending M T W H F Arrival Time _____ Departure Time _____

EXPECTED DAILY MEAL PARTICIPATION (check all that apply)

Breakfast _____ Lunch _____ PM Snack _____

Is this child of school age? Yes _____ No _____

If yes, will additional meals be provided when school is not in session? Yes _____ No _____

If yes, please specify the extra meals: Breakfast _____ Lunch _____ PM Snack _____

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Signature _____ Telephone # _____ Date _____
Parent / Guardian Parent/Guardian

Signature _____ Date _____
Center Administrator

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

For Sponsor Use Only

Child withdrew on _____

