



USDA FOOD PROGRAM ENROLLMENT FORM
Alaska Family Child Care Food Program

() Original
() Revised

Print Child Care Provider's Name AFCCFP#

Dear Parent: Please fill out the following information to enroll your children in the USDA Child Care Food Program which reimburses licensed or approved childcare providers for serving nutritious, well balanced meals to children in their care. THIS FORM IS TO BE FILLED OUT BY THE PARENT OR GAURDIAN ONLY.

Mark USUAL Meals needed with an "X"
Mark OCCASIONAL meals with an "OCC"

Table with 9 columns: FIRST & LAST NAME OF CHILD(REN), Birth Date, Hours in Care (Use AM/PM), Breakfast before 9AM, Morning Snack 9AM to 1130AM, Lunch to 1:30PM, Afternoon Snack 1:30PM to 5PM, Supper 5PM to 7PM, Evening Snack 7PM to 10PM. Rows include 'TO' for hours in care.

Day's in care for a normal week: ()Monday ()Tuesday ()Wednesday ()Thursday ()Friday ()Saturday ()Sunday

Please list occasional changes to the above schedule (hours vary due to work schedule, school closures, holidays etc.)

The above listed child(ren) are RELATED to the provider: ()NO () YES, How

List any food allergies your child(ren) have (depending on the food allergy a special diet statement signed by a recognized medical authority may be required. Your childcare provider will give you this form if necessary):

I understand my children will receive meals at no extra cost to me when they are in care during any of the scheduled meal services, as providers receive a reimbursement check to assist in providing healthy, well-balanced meals and snacks. I have received a copy of Program Aid#1299, which explains the goals of the Child Care Food Program. I will fill out a new USDA food program enrollment form if and when my schedule changes. I understand that this childcare home cannot discriminate for reasons of race, color, national origin, age, sex or disability. If I need to be contacted by phone to update and/or verify this information, I would prefer to be called at: ()Home ()Work

Parents Name: (Print Name) Date: (1st day on Food Program)

Parents Address: Zip:

Home Phone#: Work Phone#:

Racial-Ethnic Heritage

X Parents Signature

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provided this information, it will in no way affect consideration of your application. We are authorized to ask for this information under title VI of the Civil Rights Act f 1964

- () Black- not of Hispanic Origin
() White-not of Hispanic Origin
() Asian or Pacific Islander
() Hispanic
() American Indian or Alaska Native
() Other