

USDA Child Enrollment Form

Child Info:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: / / Enrollment Date: / / Sex: Male Female

Parent Info:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Home Phone: () - Work Phone: () -

Email: _____

Formula Option:

Food Option:

Payment Source:

Parent Supplies Breast Milk or Formula Parent Supplies Additional Foods and Refuses Provider Foods Private/No Pay
 Parent Accepts Provider Supplied Formula Provider Supplies Additional Foods When Developmentally Appropriate DHHS/County

Name of Parent Formula _____

School Info:

Child's Race:

School Age AM Kindergarten AM Headstart Hispanic/Latino Black or African American
 Home-School PM Kindergarten PM Headstart White(not Hispanic) American Indian/ Alaska Native
 All Year School All Day Kindergarten All Day Headstart Asian Native Hawaiian / Pacific Islander

School Name: _____

School Number: _____ School District: _____

School Depart Time: _____: _____ AM/PM Return Time: _____: _____ AM/PM

Days Attending School: Monday Tuesday Wednesday Thursday Friday

Child Attendance:

I anticipate the days my child will participate will be: Mon Tues Wed Thurs Fri Sat Sun Days Will Vary

Drop Off Time: _____: _____ AM/PM Pick Up Time: _____: _____ AM/PM Times Will Vary

I anticipate the meals my child will participate will be: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

- For Provider Use -

Provider Name: _____

Relationship to Provider:

- Not Related
 Related, Non-Resident
 Own Child
 Helper's Child
 Foster Child

Special Needs Child: Yes No

Special Diet: Yes No

If special diet, explain:

Child Participate in CACFP: Yes No

Child Number: _____

Child Group: _____

Parent's Signature _____ Date: _____

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