

### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

#### General Information

Operation's Name Imagination Station Child Development Center		Director's Name Samantha Long	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

Check All That Apply:

**1. Transportation**  
I give consent for my child to be transported and supervised by the operation's employees:

for emergency care       on field trips       to and from home       to and from school

**2. Field Trips**  
 I give consent for my child to participate in field trips.  
 I do not give consent for my child to participate in field trips.

Comments

**3. Water Activities**

I give consent for my child to participate in the following water activities:

- water table play   
  sprinkler play   
  splashing/wading pools   
  swimming pools   
  aquatic playgrounds

**4. Receipt of Written Operational Policies (Check All that Apply)**

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

**5. Meals**

I understand that the following meals will be served to my child while in care:

- None   
  Breakfast   
  Morning snack   
  Lunch   
  Afternoon snack   
  Supper   
  Evening snack

**6. Days and Times in Care**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
 Signature — Parent or Legal Guardian

### Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies?  Yes  No Plan Submitted on \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

walk to or from school or home  ride a bus  be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1.  Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Requirements for Exclusion

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

**Physician or Public Health Personnel Verification**

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

**Varicella (Chickenpox)**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If Required)**

Positive  Negative Date: \_\_\_\_\_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

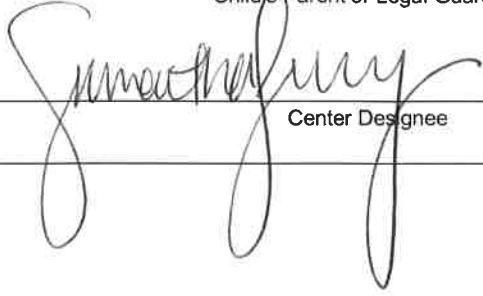
**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

A large, stylized handwritten signature in black ink, written over the signature line for the Center Designee. The signature is cursive and appears to be 'S. MacFarland'.

# Permission to Photograph

I, \_\_\_\_\_, Give permission for *Imagination Station* to  
 (Parent or Guardian's name)  
 Photograph my child, \_\_\_\_\_, for the following purposes:  
 (Child's Name)

(Please check one)

Type of Use:	Grant Permission	Decline permission
<b>Still Photographs:</b>		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website**		
Use still photos in promotional materials		
<b>Videos:</b>		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list)		

\*\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Guardian Signature)

# Sick Child Policies

Effective: January 1, 2011

This daycare is a well child care facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness or exhibits any of the following symptoms:

- Fever of **100.0** degrees or above
- Vomiting, in excess of typical infant spit-ups
- Diarrhea
- Conjunctivitis ("Pink Eye")
- Consistent complaints of ear or stomach pain
- Bleeding other than minor cuts and scrapes
- Excessive greenish nasal discharge, indicating possible infection
- Head Lice
- Other \_\_\_\_\_

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick you child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or a temperature below **100.0** degrees) your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and want to be held constantly, then your child will need to stay home.

Any child requiring prescription medications will need to be kept at home for at least 24 hours until no longer contagious, unless accompanied by a signed note from the child's medical practitioner.

**As stated in our Parent Handbook if your child is sent home with fever, diarrhea, or vomiting they will need to be symptom free for 24 hrs before they may be readmitted to our center.**

If you have any questions, please feel free to discuss them with us at any time.

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

Provider Imagination Station Date \_\_\_\_\_



## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

**Signature**

This policy is effective on the following date..... February 1, 2018

Signed by:

Role:

- Parent     Caregiver/Employee     Household Member (CH. 747 only)

**Minimum Standards Related to Discipline**

- Title 26, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

# Parent Orientation

- \_\_\_ Tour the facility
- \_\_\_ Introduction to teaching staff
- \_\_\_ Parent visit with the classroom teacher
- \_\_\_ Overview of Parent Handbook
- \_\_\_ Policy for arrival and departure
- \_\_\_ An explanation of Texas Rising Star Quality Certification
- \_\_\_ Overview or family support resources and actives in the community
- \_\_\_ Encourage parents to inform facility of any elements related to their CCS enrollment that the provider may be of assistance
- \_\_\_ Child Development and developmental millstones are provided
- \_\_\_ Significance of consistent arrival time: Children should arrive before 9:00 when the educational portion of the day begins. Consistent routines prepare children for kindergarten.
- \_\_\_ Please limit usage of technology while in the facility. In order to facilitate between the parents and the caregiver it is best that parents are not distracted by the use of electronic devices while at the center.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Staff  
Completing Orientation: \_\_\_\_\_

# Food Allergy Emergency Plan

This plan **MUST** be signed and dated by your child's Health Care Professional

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's #: \_\_\_\_\_ Doctor's Fax #: \_\_\_\_\_

## **Please complete one form FOR EACH known Food Allergy**

Food child is allergic to: \_\_\_\_\_

Possible symptoms if child is exposed to this food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific steps to take if the child has an allergic reaction to this food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing below, the parent or guardian of this child gives Imagination Station permission to post the child's food allergy in the food serving and food preparation areas.*

Dr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For licensed center use:*

\_\_\_ Food Allergy Emergency Plan has been posted in the classroom and food service area

\_\_\_ Food Allergy Emergency Plan has been posted in the food preparation area

\_\_\_ Food Allergy Emergency Plan has been included in your emergency evacuation binder

\_\_\_ Food Allergy Emergency Plan has been included in field trip and transportation binder

# Imagination Station

## Child Development Center

### Permission to Release in Case of Emergency

I, \_\_\_\_\_, Give permission to the staff at Imagination Station to release my child, \_\_\_\_\_, with the presentation of the person's identification and the password. Here is a list of the following person(s) that may pick up my child(ren):

<b>Name &amp; Relationship:</b>	<b>Phone Number:</b>	<b>Address:</b>	<b>Picture ID Number:</b>	<b>Password?</b>

I understand that it is my responsibility to update this form in the event of new information, or to remove a person from the list.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian's signature)



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

**Part 1. All Household Members**

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
<b>Names of all household members</b> (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
 Check here if no eligibility number

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	<b>Note:</b> Self-employed report income after expenses in box 1			
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

## Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.  
 I do not elect to allow my household information to be disclosed.

## Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Tier I \_\_\_ Tier II \_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

## Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

REQUIRED CACFP ENROLLMENT INFORMATION

CHILD'S NAME

CHILD'S DATE OF BIRTH

ENROLLMENT DATE

WITHDRAWAL DATE

DAYS IN CARE

(Circle the days the child normally attends)

M T W TH F

HOURS IN CARE

\_\_\_\_ am/pm to \_\_\_\_ am/pm

MEALS SERVED (Circle the meals normally served to the child while in care)

Breakfast

Lunch

PM Snack

PARENT/GUARDIAN SIGNATURE

DATE OF PARENT/GUARDIAN'S SIGNATURE