

Center Child Registration Letter

New Child Registration Letter
 Updated Child Registration Letter

Name of Center	License #	ID #
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Dear Parent:

The Child Care Center listed above participates in the Child and Adult Care Food Program (CACFP), a nutrition program funded by the United States Dept. of Agriculture and sponsored by Mid Michigan Child Care Centers, Inc. The purpose of this program is to promote good eating habits among children. As a participant, your child care center has agreed to follow USDA minimum standards in the planning and serving of meals to the children in the child care program.

As one of the conditions of participation, your child care center is required to furnish our office with verification of enrollment of your children in the day care program. Please complete all of the necessary information requested below, sign it, and return to your child care center. This information is needed to conduct and to verify compliance with CACFP regulations.

THE FOLLOWING MUST BE COMPLETED BY PARENT OR GUARDIAN - PLEASE PRINT

Name of Parent or Legal Guardian		Home Phone ()		Work Phone ()		Alternate Phone ()	
Address		City		State		Zip	
Email Address:							

1. Child's First Name		Child's Last Name		Age	Date of Birth	1st Date of Child Care	Gender M F
Please circle the days your child is in the day care center		Arrival Time <small>Write in times, we cannot accept "varies."</small>		Departure Time <small>Write in times, we cannot accept "varies."</small>		Circle meals the center will normally serve to child: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack	
Name of public/private school child attends		Days child attends school		Time child leaves day care for school		Time child returns to day care from school	
M T W Th F SAT SUN		AM or PM		AM or PM		M T W Th F	
Is this child a foster child? Yes No							
Does the child have "special needs" and would need care after the age of 12? Yes No							

2. Child's First Name		Child's Last Name		Age	Date of Birth	1st Date of Child Care	Gender M F
Please circle the days your child is in the day care center		Arrival Time <small>Write in times, we cannot accept "varies."</small>		Departure Time <small>Write in times, we cannot accept "varies."</small>		Circle meals the center will normally serve to child: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack	
Name of public/private school child attends		Days child attends school		Time child leaves day care for school		Time child returns to day care from school	
M T W Th F SAT SUN		AM or PM		AM or PM		M T W Th F	
Is this child a foster child? Yes No							
Does the child have "special needs" and would need care after the age of 12? Yes No							

Ethnicity (select one): () Hispanic or Latino () Not Hispanic or Latino

Race (select one or more): () American Indian or Alaskan Native () Native Hawaiian or Other Pacific Islander () Black or African American () White () Asian

I hereby certify that the information on this sheet is true and correct to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN

DATE

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9922 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Mid Michigan Child Care Food Program • Mid Michigan Child Centers, Inc.
 P.O. Box 610 • Freeland, MI 48623 • (989) 695-2683 • 1-800-742-3663
 Fax (989) 695-5488 • Email: rachel@midmichigancc.com

Center: _____ ID#: _____

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)
 If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: _____ Case Number: _____

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)			Amount of Welfare, Child Support, or Alimony	How Often? (x)			Amount of All Other Income (Indicate source and amount)	How Often? (x)			Mark if No Income (x)	
						A	M	2		A	M	2		A	M	2		

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)
 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 receive 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.

Signature: _____ Print Name: _____ Date: _____
 Last four digits of Social Security Number: XXX-XX-____ I do not have a Social Security Number

For Institution Use Only:

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Total Household Members: _____ Total Income: \$ _____ Institution Official Signature: _____ Approval Date: _____	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)