



**USDA FOOD PROGRAM ENROLLMENT FORM
Alaska Family Child Care Food Program**

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| <input type="checkbox"/> New Child
<input type="checkbox"/> Returning Child
<input type="checkbox"/> Update of Information Entered in KidKare?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
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Fax to: 907-274-2238
or Email to:
foodprogram@alaska.net

Print Child Care Provider's Name

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.**

Yes, I want to enroll my child(ren) in the **USDA Food Program** (Please fill out the form completely and return Provider

No, I do not wish to enroll my child(ren) in the **USDA Food Program** at this time (Please fill in your child's name, your name and return to your provider.

FIRST & LAST NAME OF CHILD(REN)	Birth Date	School Grade	Hours in Care (Use AM/PM)	<u>Breakfast</u> before 9AM	<u>AM Snack</u> 9AM to 1130AM	<u>Lunch</u> 11:30AM to 1:30PM	<u>PM Snack</u> 1:30PM to 5PM	<u>Dinner</u> 5PM to 7PM	<u>Evening Snack</u> 7PM to 10PM
			TO						
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Formula Option: (For Children under 1 year of age)

Formula Offered by Provider: _____ Name of Parent Formula: _____
 Parent Accepts Provider-Supplied Formula Parent Supplies Breast Milk or Formula

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

Please list School District and School Attended (if School Age)

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 Parent Information Packet, 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: _____ Date: _____
 (Print Name)

Mailing Address: _____ City: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____

Email Address: _____

X _____

Racial-Ethnic Heritage

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 provide 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

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|-------------------------|--------------------------------------|-----------|-------------------------------|
| <u>Ethnicity</u> | <u>Race:</u> | | |
| () Hispanic/Latino | () American Indian or Alaska Native | () Asian | () Black or African American |
| () Not Hispanic/Latino | () Native Hawaiian/Pacific Islander | () White | () Other _____ |