

Child and Adult Care Food Program Child Enrollment Form

Enrollment Date: _____	St. Date: _____
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Child: _____	Birth date: _____
Parent/Guardian: _____	
Address: _____	
Email: _____	Telephone: _____

Sponsoring Organization <u>St. James Lutheran Church Child Care Center</u>	Center/Home
Address <u>109 York St. Gettysburg, PA 17325</u>	Telephone: <u>717-334-171</u>

Normal Hours of Care (write in times)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: NA	Start: NA
End: _____	End: _____	End: _____	End: _____	End: _____	End: NA	End: NA

* If more than 8 hours of care per day, please attach an explanation to this form.

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
XXXXX	N/A	XXXXX	XXXXX	N/A	N/A

Is this child of school age? Yes No If yes, will additional meals be provided when school is not in session? Yes No If yes, please specify the meal: Breakfast Lunch Snack Supper

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

____ Day	____ Evening	____ Time
____ Letter	____ Telephone (home)	____ Telephone (work)
____ Email		

Signature _____ **Date** _____
Parent/Guardian

Signature _____ **Date** _____
Center Administrator/Home Provider

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs)."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

For Sponsor Use Only

Child withdrew on _____