



Community Child Care Council of Sonoma County Food Program Child Enrollment Form

131-A Stony Circle, Suite 300
Santa Rosa, CA 95401
(707) 544-3077 • FAX (707) 544-2625

PROVIDER _____

CHILD INFO

CHILD'S NAME _____ DATE OF BIRTH ____/____/____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO PROVIDER Not Related Related, Non-resident Helper's Child Own Child

ETHNICITY Hispanic/Latino Not Hispanic or Latino

RACE American Indian Asian Black Pacific Islander Hispanic White

ENROLLMENT DATE ____/____/____

PARENT INFO

FIRST NAME _____ LAST NAME _____

HOME PHONE (____) _____ WORK (____) _____ CELL (____) _____

EMAIL ADDRESS _____

SCHEDULE AND MEALS INFO

DROP OFF _____

PICK UP _____

TIMES VARY DAYS VARY

SCHOOL HOURS _____

DAYS	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Wednesday	

MEALS	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Dinner
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Eve Snack
<input type="checkbox"/> Lunch	
<input type="checkbox"/> PM Snack	

SCHOOL INFO School-age Kindergarten Home school Year-round school

SPECIAL INFO

FOOD ALLERGIES (If any, Physician's Statement must be attached) _____

SPECIAL NEEDS CHILD? (If YES, signed Medical Statement and/or IEP must be attached) YES NO

FORMULA Parent supplies breast milk or formula

FOOD Parent supplies additional food and refuses provider's foods

Parent accepts provider-supplied formula

Provider supplies additional foods when developmentally appropriate

I understand my child will receive meals at no extra charge to me when he/she is in attendance during any of the scheduled meals services. I also understand that the child care facility cannot and will not discriminate for reasons of race, color, national origin, age, sex or disability.

PARENT SIGNATURE _____

DATE _____

The U.S. Department of Agriculture (USDA) and the California Department of Education's Nutrition Services Division (NSD) prohibits discrimination in all their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice & TDD). USDA and the NSD are equal opportunity providers and employers.

STAFF _____

DATE _____