

Return this completed form to: (Health and Nutrition Department)

**Center Name \_\_\_\_\_**  
**Participant Enrollment Form**

**Instructions:**

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon   Tues   Wed   Thu   Fri		Breakfast   Lunch   PM Snack		
	Mon   Tues   Wed   Thu   Fri		Breakfast   Lunch   PM Snack		
	Mon   Tues   Wed   Thu   Fri		Breakfast   Lunch   PM Snack		
	Mon   Tues   Wed   Thu   Fri		Breakfast   Lunch   PM Snack		

\* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

\_\_\_\_\_  
Adult/Parent/Guardian's Address

\_\_\_\_\_  
Adult/Parent/Guardian's Phone Number

\_\_\_\_\_  
Signature of Adult/Parent/Guardian

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

**Non-Discrimination Statement**

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