

Child and Adult Care Food Program Child Enrollment Form

Enrollment Date: _____

Child _____ Address _____ Birth date _____	Parent/Guardian _____ Address _____ Telephone (home) _____ (work) _____
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Sponsoring Organization _____ Address _____	Center/Home _____ Address _____
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Normal Hours of Care (write in times)*

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

* 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

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)

Signature _____
Parent/Guardian

Date _____

Signature _____
Center Administrator/Home Provider

Date _____

"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 _____



I acknowledge that I have received a copy of the Neshaminy Kids Club Parent Handbook for Neshaminy Kids Club, including an attached fee agreement. I understand that I am responsible for knowing and understanding the policies in this handbook. I understand that I can call or drop into the office at anytime to have the policies explained to me.

I also understand that my child(ren)'s file(s) will be released only at the express written consent of the custodial parent(s) or guardians.

Date

Parent Signature

Permission to Transport

I, Hereby request that my child, _____ be permitted to participate in field trips or other activities that would involve taking the child outside of the school.

Parent Signature _____ Registration Date _____

Photo Release

I hereby GIVE / DO NOT GIVE Permission to the Neshaminy Kids Club to display the photograph of my child _____ on the Neshaminy Kids Club website at www.neshaminykidsclub.com

Parent Signature _____ Date _____

Individualized Education Plan (IEP) & Individualized Family Service Plans (IFSP) Information

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. **You do not have to provide this information if you do not wish to do so.**

- _____ I am providing a copy of my child's IEP or IFSP
_____ I am NOT providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Parent Signature _____ Date _____