

ANGELS CHILD CARE FOOD PROGRAM

13200 CROSSROADS PKWY. N. SUITE 155 - CITY OF INDUSTRY, CA. 91746 - (888) 375-5155 (NEW) FAX (562) 908-0501

DO NOT SEND ENROLLMENTS BY FAX

DAY CARE HOME ENROLLMENT APPLICATION

Prov #	Provider Name	Street Name	Phone Number ()
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***The Parent or Guardian must complete all information requested and sign this form** in ink and return it to The Child Care Facility prior to the child being placed in care.

ANGELSCCFP OFFICE MUST RECEIVE ENROLLMENT **WITHIN 5 DAYS** FROM WHEN CHILD STARTS ON THE FOOD PROGRAM.

NAMES OF CHILDREN – (ONE PER CHILD)	BIRTHDAY	AGE	ENROLLMENT DATE OR RENEWAL	Hours In Care			
				IN	OUT	IN	OUT
CHILD #							

SCHOOL INFO:	INFANTS (CHILD UNDER 1 YR. OLD)	INFANT FOODS OPTIONS:
AM Head-start _____	Brand of <u>iron-fortified infant formula (IFIF)</u> offered by provider: _____	Provider supplies food: YES NO
PM Head-start _____	Parent supplies breast-milk or formula (write brand) _____	Parent supplies food: YES NO
AM Kindergarten _____	Provider supplies Formula (parent accepts provider brand) YES NO	When your infant is four (4) months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods.
PM Kindergarten _____	Your provider is required to offer iron-fortified infant formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or iron-fortified infant formula IFIF for your infant.	
Year Round School _____		
Traditional School _____		

***I HEREBY GRANT PERMISSION TO ANGELS CCFP STAFF TO TAKE PHOTOS OF MY CHILD WHILE PARTICIPATING IN THE FOOD PROGRAM.**

X _____ **SIGNATURE OF PARENT OR GUARDIAN** _____ **DATE** _____

Circle usual days of care:	Monday	Tuesday	Wednesday	Thursday	Friday	
Please check (✓) the meals your child(ren) normally receives while in care.	Breakfast_____	Breakfast_____	Breakfast_____	Breakfast_____	Breakfast_____	<input type="checkbox"/> Times Vary <input type="checkbox"/> Days Vary <input type="checkbox"/> Overnight Stay <input type="checkbox"/> Weekend Care (must be Approved & Confirmed)
	AM Snk_____	AM Snk_____	AM Snk_____	AM Snk_____	AM Snk_____	
	Lunch_____	Lunch_____	Lunch_____	Lunch_____	Lunch_____	
	PM Snk_____	PM Snk_____	PM Snk_____	PM Snk_____	PM Snk_____	
	Dinner_____	Dinner_____	Dinner_____	Dinner_____	Dinner_____	

RACIAL/ETHNIC HERITAGE OF YOUR CHILDREN – Although you are not required to provide this information, your cooperation will determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect your child's participation in the Child Care Food Program. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and strictly for statistical reporting requirements. If willing, please circle the correct category below:

Circle which may apply: *Providers Own *Providers Foster *Helpers own *Related-Non Resident *Day Care

*Migrant Child *Disabled

Circle which may apply: Participating or Non Participating

Circle which may apply: 1-INDIAN 2-ASIAN 3-PACIFIC ISLANDER 4-BLACK 5-HISPANIC 6-WHITE

*Signature of Parent or Guardian	* Printed Name	* Date Signed
X		
* Address _____ * (P.O. Box Addresses not accepted on enrollment)		
* City _____	* State _____	* Zip _____
* Home phone _____	* Work Phone _____	* Any Known Food Allergies _____
Non-Disclosure – The Child Care Food Program is available to everyone without regards to race, color, national origin, age sex, or handicap. if anyone believes that they have been discriminated against write to: Secretary of Agriculture, Washington, D.C. 20250		

IT IS THE PROVIDER'S RESPONSIBILITY TO INFORM ANGELS CCFP OF ANY CHANGES THAT OCCUR REGARDING THIS CHILD ENROLLMENT APPLICATION **WITHIN 5 DAYS** OF CHANGE.

***PREVIOUS ENROLLMENT DATE IF RENEWAL:** _____ **DATE OFFICE RECEIVED:** _____