

Fair Oaks Day School CACFP Enrollment Form

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Withdrawal Date: _____

Regularly Scheduled Day In Care: circle all that apply

Mon Tues Wed Thur Fri Other (Specify) _____

Regularly Scheduled Hours In Care:

Start time: _____ Ending Time: _____

Regularly Scheduled Meals Served To Child In Care:

____ Breakfast ____ Lunch ____ Snack

Signature of Parent/Guardian

Date

*This form must be renewed every 12 months

Non-Discrimination Policy:

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. To file a complaint of discrimination write USDA Director Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.