

# 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.