



Child Enrollment Form

The parent/guardian of the enrolled child must complete the information below.

Child's First/Last Name _____
 Child's Birthdate _____

Check here if this child is provider's own and/or part of provider's household.

Are other siblings in care? Yes No

Infants- Birth through 11 months

As the parent of an enrolled infant:

- I will supply breast milk for the provider to feed my infant and decline the iron-fortified infant formula my provider has offered me.
- I accept the iron-fortified infant formula my provider has offered me.
- I decline the iron-fortified infant formula my provider has offered me and will supply my own iron-fortified infant formula.

School Age/Kindergarten Information

Kindergarten Yes No
 School Age Yes No Grade: _____
 Hours in school: _____ to _____
 Days in school: Mon Tues Wed Thurs Fri
 School Attending: _____
 School District: _____

Parent's Name Printed _____ Parent's Signature _____ Phone Number _____

Address _____ City, State, Zip _____ Email _____

To assure that all eligible children are receiving program benefits, please indicate the ethnic and racial identity that you think most closely characterizes your child by selecting one or more of the boxes under each category listed below. This information is voluntary and will not affect the ability of your child to participate in this program. Please select one or more that applies under each category.

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

New CEF Updated CEF
 This form is effective (Month/Year): _____
 This form expires one year from this date.

Drop-in care (please fill complete chart above)

Normal Days in Care	Normal Hours in Care	Normal Meals to be Received While in Care
<input type="checkbox"/> Monday	_____ to _____	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Tuesday	_____ to _____	<input type="checkbox"/> AM Snack
<input type="checkbox"/> Wednesday	_____ to _____	<input type="checkbox"/> Lunch
<input type="checkbox"/> Thursday	_____ to _____	<input type="checkbox"/> PM Snack
<input type="checkbox"/> Friday	_____ to _____	<input type="checkbox"/> Supper
<input type="checkbox"/> Saturday	_____ to _____	<input type="checkbox"/> Evening Snack
<input type="checkbox"/> Sunday	_____ to _____	
<input type="checkbox"/> School Holidays	_____ to _____	

Provider's Name _____
 Date _____
 Provider's License Number _____
 Sponsor's Name and Phone Number _____
 KidCare Nutrition Sponsor 970-351-8779

Nondiscrimination Statement (Revised May 2022) In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.