

CHILD REGISTRATION FORM

2012

- Original (First FY submission for child/ren listed below)
 Update (This is updated for child/ren already enrolled in FY12)

(Aug. 1, 2011 through July 31, 2012)

PROVIDER'S NAME _____ ADDRESS _____

If applicable, please check appropriate box. I am the parent/legal guardian of child(ren) listed. I am the legal guardian of foster child(ren) listed.

Dear Parent or Legal Guardian:

The day care home provider listed above participates in the Child & Adult Care Food Program (CACFP), a nutrition program funded by the United States Department of Agriculture (USDA) and sponsored by Better Child Care, Inc. (BCC). The purpose of this program is to promote good eating habits among children. Your provider receives reimbursement for serving nutritious meals to children in her/his care. **All food served to participating children must be supplied by the day care home provider at no additional cost to you the parent/guardian.** As a parent/guardian, you are required to complete this registration form. The information contained in this form will be used by BCC to determine the reimbursement your provider will receive for the meals served to your child(ren).

ALL HIGHLIGHTED INFORMATION BELOW MUST BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

Child's First then Last Name, Age & Date of Birth <i>(Please Print)</i>	Circle all possible days of care	List child's earliest arrival time at day care. List child's latest departure from day care.	If child in school, list time child departs for school from day care. List time child arrives back from school to day care.	Circle meals child will likely participate in.
NAME _____ AGE _____ DATE OF BIRTH _____	MON TUE WED THUR FRI SAT SUN	CIRCLE ONE Arrives _____ AM PM Departs _____ AM PM	CIRCLE ONE Departs _____ AM PM Arrives _____ AM PM	BREAKFAST AM SNACK LUNCH PM SNACK DINNER EVE SNACK
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VOLUNTARY CIVIL RIGHTS INFORMATION

Please check in the space provided, both the racial and ethnic identity of your child(ren). This information is voluntary and will not affect your child's eligibility. This information is being collected only to be sure that everyone receives a meal on a fair basis, without regard to race, color, handicap, sex, age or national origin.

- 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

INFANT FORMULA OFFERED

As required by the CACFP, my provider has offered to supply _____ for my infant(s). I declined offer. Yes No
 (Specify Brand of IFIF)

PLEASE CHECK BOX IF APPLICABLE

- Child(ren) is living in the day care provider's home. Own Foster Other
 Child(ren) is related to the provider. List relationship _____

By signing this form I understand that BCC is required to randomly contact parents of registered children, either by phone or by mail, to verify provider's program participation. I agree to complete and promptly return any questionnaires received in the mail and/or answer any questions if contacted by phone concerning my child(ren)'s participation in the Child and Adult Care Food Program (CACFP). I understand that information on this form is being given in connection with the receipt of federal funds and that deliberate misrepresentation, on my part, may subject me to prosecution under applicable state and federal criminal statutes.

Date Child(ren) First Claimed in FY12 _____ Signature of Parent or Legal Guardian _____ Printed Name of Parent or Legal Guardian _____
 _____ (_____) _____ (_____) _____
 Address, City and Zip _____ Home Phone # _____ Work Phone # _____

In accordance with Federal law and United States Department of Agriculture (USDA) 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.

The United States Department of Agriculture requires the provider to keep the bottom copy of this form with her program records.