

Enrollment Worksheet

Training Sponsor

, CA

Provider Name: _____ Provider Number: _____

Child Info:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Enrollment Date: ____/____/____ Sex: ____ Male ____ Female

Parent Info:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ____ Male ____ Female Home Phone: (____) ____-____ Work Phone: (____) ____-____

Email: _____ Over Night Stay Approved: ____ Yes ____ No

Work Schedule

____ Do Not Work ____ Typical 9 to 5 ____ Night Shift ____ Work Schedule Varies

Formula Option:

____ Parent Supplies Breast Milk or formula
____ Parent Accepts Provider-Supplied Formula

Food Option:

____ Parent Supplies Additional Food and Refuses
Provider's Foods
____ Provider Supplies Additional Food when
Developmentally Appropriate

Payment Source:

____ Private/No Pa
____ DHS/Country

Name of Parent Formula: _____

School Info:

Ethnicity:

Race

____ School Age ____ AM Kindergarten ____ AM Headstart ____ Hispanic/Latino ____ American Indian / Alaska Native
____ Home School ____ PM Kindergarten ____ PM Headstart ____ Not Hispanic ____ Asian
____ All Year School ____ All Day Kindergarten ____ All Day Headstart ____ or Latino ____ Black or African American
____ Native Hawaiian / Pacific Islander
____ White

School Name: _____

School Number: _____ School District: _____

School Depart Time: _____ AM / PM Return Time: _____ AM / PM

Days Attending School: ____ MON ____ TUE ____ WED ____ THU ____ Fri

Child Attendance:

I anticipate the Days my child will participate will be: ____ MON ____ TUE ____ WED ____ THU ____ Fri ____ SAT ____ SUN ____ Days will vary

Drop Off Time: _____ AM / PM Pick Up Time _____ AM / PM ____ Time will vary

I anticipate the meals my child will participate in will be: ____ Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Dinner ____ Evening Snack

Parent / Guardian Signature: _____ Date: _____

State Agency Contact Info: California Dept of Educ, Nutrition Services Division, 1430 N Street, Sacramento, CA 95814, 800-952-5609

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 (e.g., Braille, large print, audiotope, 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 at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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: U.S. 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. Updated: February 15, 2023