

Child Enrollment Application

KARAMU NUTRITION PROGRAM

FORM KNP400 (REV 3/97)

Provider's Name: _____

Karamu Provider Number: _____

PLEASE PRINT CLEARLY. ALL REQUESTED INFORMATION MUST BE PROVIDED.

DATE YOUR CHILD(REN) WILL BEGIN ATTENDING THIS DAYCARE OR IF THIS IS A CHANGE IN ENROLLMENT STATUS, THE DATE THE CHANGES ARE EFFECTIVE. _____.

	CHILD(REN) NAMES		DATE OF BIRTH	HOURS IN CARE		PARENT, please circle the days each of your children will be in attendance.							SHIFT		
	First	Last	Mo./Day/Year	Time In	Time Out	USUAL DAYS IN CARE							1	2	3
example:	JOHN CHILD		11/25/93	7:00AM	4:00 PM	SUN	<input checked="" type="radio"/> MON	<input checked="" type="radio"/> TUE	<input checked="" type="radio"/> WED	<input checked="" type="radio"/> THU	<input checked="" type="radio"/> FRI	SAT	1	2	3
1						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3
2						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3
3						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3
4						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3
5						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3
6						SUN	MON	TUE	WED	THU	FRI	SAT	1	2	3

I wish to enroll my child in the USDA Child Care Food Program administered by the Tennessee Department of Human Services and USDA. This program reimburses child care providers for serving nutritious well balanced meals to children in Family Child Care homes. I understand that my child will receive meals at no extra cost to me and without regard to race, color, national origin, age, sex, or handicap. I have read the CACFP *Program And Non-Discrimination Fact Sheet* which is posted in the ChildCare facility.

ANY FOOD ALLERGIES/SPECIAL DIET: _____

PARENT'S ADDRESS: _____

HOME PHONE:() _____

CITY: _____

ZIP: _____

WORK PHONE:() _____

PRINT PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

I certify this information is true and correct and I will notify you of any changes.

RACIAL-ETHNIC HERITAGE OF YOUR CHILD(REN). PROVIDING THIS INFORMATION IS OPTIONAL.

Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect consideration of your application or your child's participation in the CACFP. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements.

If willing, please circle the category below which best describes your child's racial-ethnic heritage.

African American American Indian Asian Hispanic White Other (specify) _____

The child care food program is available to all eligible children. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to: Secretary of Agriculture, Washington, D.C. 20250.