



Child Enrollment Application

Karamu Nutrition Program

FORM KNP400 (REV AUG-16)

Name: _____

Karamu Provider Number: _____

Warning: This Application Will Be Denied If There Is Any White-out, Strike-Outs, or Other Stray Marks. If You Make A Mistake, Please Complete Another Application.

(A)

Please Provide The Date This Childcare Application Goes Into Effect: _____.

For Self-Certified Providers Only

(B)

CHILD(REN) NAMES	DATE OF BIRTH	School Year		Non-School Day		USUAL DAYS IN CARE	MEALS NORMALLY FED						SHIFT	Gender of Child		Is This Child Related To The Childcare Provider?			
		HOURS IN CARE	HOURS IN CARE	HOURS IN CARE	HOURS IN CARE		BR	AM	LN	PM	DN	EV		1	2	3	M	F	Yes
First Last	Mo./ Day / Year	Time In	Time Out	Time In	Time Out	SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
1						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
2						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
3						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
4						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
5						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No
6						SUN MON TUE WED THU FRI SAT	BR	AM	LN	PM	DN	EV	1	2	3	M	F	Yes	No

Related Child Definition (Self Certified Providers Only)

You must circle **YES** only if this child is the childcare provider's: **Son, Daughter, Step-Son, Step-Daughter, Grandson, Granddaughter, Brother, Sister, Step-Brother, Step-Sister, Niece, or Nephew.** Circle NO if the child does not have one of these relationships to the childcare provider.

(C)

Child's Home Address

City

Zip Code

() _____

Parent or Guardian's Home Phone

() _____

Parent or Guardian's Work Phone

List Any Food Allergies Or Special Diets Your Child May Have

Parent Or Guardian's Printed Name

Parent or Guardian's Signature

Date Signed:

Your signature also confirms that you have read a copy of the WIC Program Flier and the Building for the Future Flier

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.

(D)

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.