

DYESS AFB FAMILY CHILD CARE
7 SVS/SVYD
366 AVE D
DYESS AFB TX 79607

ENROLLMENT FORM

telephone:325-696-3409

Note: FORM MUST BE FILLED OUT ACCURATELY AND COMPLETELY TO ENSURE REIMBURSEMENT

NAME OF DAY CARE PROVIDER:		FACILITY #
ADDRESS OF DAY CARE PROVIDER:	STATE:	ZIPCODE:

Under the regulations of the Child and Adult Care Food Program, this provider may not charge you separate fees for meals nor may she ask you to provide food for your child for those meals she claims under the program. Day care fees charged by your provider cover care of your child and the food costs not reimbursed by the CACFP.

NAME OF CHILD:	SEX:	DATE OF BIRTH:	DATE ENROLLED:	DATE DELETED:
----------------	------	----------------	----------------	---------------

TIME IN:	TIME OUT:	<i>please circle appropriate days</i>						
AM/PM	AM/PM	MON	TUE	WED	THU	FRI	SAT	SUN

ELEMENTARY SCHOOL ATTENDED:	<input type="checkbox"/> HANDICAP (<i>attach doctor's statement</i>)
	<input type="checkbox"/> SPECIAL DIET (<i>attach doctor's statement</i>)

ETHNIC GROUP (<i>please check one</i>)	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> AMERICAN INDIAN
	<input type="checkbox"/> BLACK	<input type="checkbox"/> NATIVE ALASKAN
	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief. If you think you have been discriminated against, you must write immediately to: Director of Civil Rights, Texas Department of Human Services, MC E-609, 701 West 51st Street, Austin, TX. or the Secretary of Agriculture, Washington, DC 20250.

PARENT SIGNATURE:	PRINT NAME:	DATE:
PARENT'S STREET AND CITY ADDRESS:		ZIPCODE:
PARENT'S HOME TELEPHONE:	PARENT'S WORK TELEPHONE:	

Information contained on this form may not be used for any purpose other than to verify the children's attendance if deemed necessary. You are required to keep the 2nd copy of the form in your records for as long as the child is enrolled. When the child is no longer enrolled, please fill in "Date deleted" and return to Dyess AFB USDA.