

FORT HOOD CHILD & YOUTH SERVICES / TX 014-0019
CHILD AND ADULT CARE FOOD PROGRAM
CENTER-BASED CHILD ENROLLMENT FORM

CHILD'S NAME: _____

BIRTH DATE (MO/DA/YR): _____

My child will be attending:

- | | | |
|---|---|--|
| <input type="checkbox"/> Clear Creek Child Development Center | <input type="checkbox"/> Clear Creek Elementary SAS | <input type="checkbox"/> Bronco Youth Center |
| <input type="checkbox"/> Fort Hood Child Development Center | <input type="checkbox"/> Venable Elementary SAS | <input type="checkbox"/> High Chaparral Youth Center |
| <input type="checkbox"/> Comanche Child Development Center | <input type="checkbox"/> Clarke Elementary SAS | <input type="checkbox"/> West Fort Hood Youth Center |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Duncan Elementary SAS | <input type="checkbox"/> Comanche Youth Center |
| <input type="checkbox"/> Walker YS | <input type="checkbox"/> Montague Elementary SAS | |

Mon - Fri the following program:

- | | |
|--|--|
| <input type="checkbox"/> Part Day - AM (7:30 am - 1 pm) | <input type="checkbox"/> SAS - AM (5:45 am - 8:30 am) |
| <input type="checkbox"/> Part Day - PM (1 pm - 6 pm) | <input type="checkbox"/> SAS - PM (3 pm - 6 pm) |
| <input type="checkbox"/> Full Day (5:45 am - 6 pm) | <input type="checkbox"/> Hourly Care (8 am - 6 pm) (12 pm - 8 pm for YC) |
| <input type="checkbox"/> Head Start (8 am - 2 pm) | <input type="checkbox"/> Special openings (evening & weekend) |
| <input type="checkbox"/> SAS - Full Day, (i.e. Summer-, Christmas-, Spring- school breaks from 5:45 am - 6 pm) | |

Address: _____

Street City State Zip Code

Print Parent Name: _____ Work Phone#: _____ Home Phone#: _____

Parent Signature: _____ Date: _____ Enrollment Date: _____

RACIAL / ETHNIC HERITAGE OF YOUR CHILDREN: 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 IV of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please check the correct category below:

American Indian or Alaskan Native	Asian or Pacific Islander	Black - Not of Hispanic Origin	Hispanic	White - Not of Hispanic Origin	Multi Racial
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PRIVACY ACT STATEMENT

AUTHORITY: TITLE 10, UNITED STATES CODE, SECTION 3012.
 PRINCIPAL PURPOSE: TO PROVIDE CHILD AND FAMILY INFORMATION AND PROGRAM ENROLLMENT VERIFICATION.
 ROUTINE USES: INFORMATION IS USED BY CYS CHILD AND ADULT CARE FOOD PROGRAM AS VERIFICATION OF CHILD ENROLLMENT IN A CENTER - BASED / SCHOOL - AGE CARE PROGRAM. INFORMATION MAY BE DISCLOSED TO USDA, TDHS, OR CYS PERSONNEL.
 DISCLOSURE: DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY AND THE INDIVIDUAL WILL NOT BE AFFECTED ADVERSELY; HOWEVER, THE PROGRAM MAY NOT BE ABLE TO CLAIM THE CHILD FOR THE CACFP.

Reviewed by: _____ Date: _____
CACFP Staff Signature

Date Child(ren) left the Program: _____