

This center participates in the child and adult Care Food Program and provides meals to all children enrolled in this Center regardless of race, color, national origin, sex, age, disability, religion, or political belief.

Food Program Enrollment Form

Center Name: Kids 'R' Kids of Cypress #48 Code: K353

Child's Name: _____ Date of Birth: _____

Admission Date: _____ Withdrawal Date: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

Hispanic or Latino

Not Hispanic or Latino

Race (choose on or more racial identities):

Asian

American Indian or Alaska Native

White

Native Hawaiian or Other Pacific Islander

Black or African American

Parent Signature

Date

(____)____-_____
Day Time Phone Number

Please take the time to complete the attached 1531 form. The information will be kept confidential at the Sponsors Office.