FDCH Child Enrollment

Provider Name	D	. No				DI	N				
Parent's Address Sunday Business / Other Contact Phone		·									
Business / Other Contact Phone PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN) Child # Enrolled Childs Full Name Birth Date Sex Relationship Times-Arrival School Schoo											
PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN) Complete Enrolled Child's Full Name Birth Date Sex Relationship Times-Arrival School Time Child in Days Child Days Child School Sc											
Child Errolled Childs Full Name Birth Date Sex Relationship Times.Arrival School Time Child in Aptending School Appendix Appendi											
Relationship Not Related			(MOST BE CO	JIVIPLE	TED BITTHE		· · · · · · · · · · · · · · · · · · ·	Time Child in	Days Child	Race	
Maile Rotated Power Po	(Provider		Birth Date	Sex	Relationship				Attends		
General Content Market Mark Minder M						AM/PM		AM/PM	☐ Mon ☐ Thu		
Make Not Related Now Rel					■ Related [*]		☐AM Kinder ☐PM Kinder				
Masie										il ——	
Pean Own Child					□ D-1-41*		□AM Presch □PM Presch				
Make Make Related Related Now Relation Make				□ Fem	Own Child	AM/PM		AM/PM	□Wed		
Fem				П Маје						il	
Male Not Related Not					□ Related*		☐AM Kinder ☐PM Kinder				
Related: AMPM AMPresch PM Kinder					D New Delever	AM/DM	□No School □School				
Own Child					☐ Related*	to		to	☐ Tue ☐ Fri	il	
Usual Days in Care					☐ Own Child		☐All Day Kindergarten	-			
Sun	*If related	, please check relationship: ☐so	n / daughter □s	tep-son /	step-daughter	□grandson /	granddaughter □niece / ne	phew (son or c	laughter of siblir	ng only)	
Sun Sun Wed Sat Sun	Usual			its: If ch	nild is under aç	je 1 this secti	on must be completed.				
True Fri Vary Lunch Eve Snk Parent supplies all formula and food and refuses the provider's food. OPTIONAL You do not have to fill this section out under Title IV of the Civil Rights Act. Please write in the appropriate code in the box provided above. Race: Al = American Indian/Alaskan Native AS = Asian PA = Pacific Islander BL = Black WH = White Ethnicity: H = Hispanic/Latino N = Not Hispanic/Latino N =		☐ Wed ☐ Sat ☐ Breakfast ☐	PM Snk	arent Acc	epts the provide	r's formula (or p	parent will supply breast milk)	and parent acc	epts the provider	's food	
PTIONAL You do not have to fill this section out under Title IV of the Civil Rights Act. Please write in the appropriate code in the box provided above. Race: Al = American Indian/Alaskan Native AS = Asian PA = Pacific Islander BL = Black WH = White Ethnicity: H = Hispanic/Latino N = Not Hispanic/Latino In accordance with federal law and U.S. Department of Agriculture policy, this institution is prior modernimination, and u.S. Department of Agriculture policy, this institution is prior modernimination, and u.S. Department of Agriculture policy, this institution is prior modernimination, and u.S. Department of Agriculture policy, this institution is prior modernimination, and u.S. Department of Agriculture policy, this institution is prior modernimination on the basis of race, color, national origin, asy, asy, or a color provider and employer. Are the school age children on year-round school? YES NO If yes, year-round track (A-D, or Single) No If yes, year-round track (A-D, or Single) No If yes, year-round track (A-D, or Single) No If yes, please specify (attach a note from a medical authority describing the dietary need) YES NO If yes, please explain (attach a note from a medical authority describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please explain (attach a note from a medical doctor describing the disability) No If yes, please exp								S			
School District and School that school age child(ren) attend Does the child have any special dietary needs?	Race: In accor age, or o Washing	Al = American Indian/Alaskan Nativ dance with federal law and U.S. De disability. To file a complaint of disc gton, D.C. 20250-9410 or call (202)	ve AS = Asian F partment of Agric rimination, write L 720-5964 (voice	PA = Paci ulture pol JSDA, Dir and TDD)	fic Islander BL icy, this institution ector, Office of 0 b. USDA is an ec	= Black WH = on is prohibited Civil Rights, Roqual opportunity	Ethnicity: H = H from discriminating on the ba om 326-W, Whitten Building, provider and employer.	lispanic/Latino sis of race, colo 1400 Independe	r, national origin, ence Avenue, SW	sex,	
Does the provider need to accommodate for any disabilities that a child might have? YES NO If yes, please explain (attach a note from a medical doctor describing the disability) I certify that the information is true and correct in all respects. I understand that my child(ren) will receive meal(s) at no cost to me without regard to race, color, national origin, age, sex, or disability and that I will be contacted by the sponsoring organization and/or representative to confirm the above enrollment information and attendance of my child(ren). Parent (Guardian) Signature Date I certify that the information is true and correct in all respects, and that records are available to support the information on this form. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I understand that this information is subject to verification by the sponsoring organization. I also understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.		,			_			, or origio, _			
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Provider's Signature Enrollment Date	me to pro	osecution under applicable stat	e and federal c	riminal s	statutes.			-	•		
		Provid	er's Signature					Enrollment Da	te		

Utah State Office of Education, Child Nutrition Programs (801)538-7680, 250 East 500 South, P.O. Box 144200, Salt Lake City, UT 84114-4200