



Bishop Indian Head Start

Child Adult Care Food Program Enrollment Application for Centers with No Meal Charge

Parents/guardians must complete and sign this form and return to Bishop Indian Head Start prior to the child being placed in care. It is required that the information be updated annually.

Part 1: Participation

Sponsor Name: Bishop Indian Head Start **Address:** 405 North Barlow Bishop CA 93514 **Phone:** 760-937-6735

I wish to enroll my children in the care of the above-named sponsor in order for my children to participate in the Child and Adult Care Food Program (CACFP) reimburses childcare sponsors for serving nutritious, well balanced meals to children while in care.

Names of Children	Date Enrolled	Age	Birthdate	Hours in Care	
				In	Out
				8:00 am	2:30 pm
				8:00 am	2:30 pm
				8:00 am	2:30 pm
Usual Days of Care:	Monday through Friday				
Usual Meals that will be received:	Breakfast, Lunch and a PM Snack				

Part 2: Medical Information

Physician's Name	Phone Number
Address	Medical Number
Food Allergies, other allergies, or other physical problems of children	

Part 3: Certification

I understand my children will receive meals when they are in attendance during any of the scheduled meal services and that these meals will be provided at no extra charge to me. I will not be required to bring food items to supplement the meals served under the CACFP.

Signature of Parent/Guardian	Date	Contact #	Email
Address	Medical Number		
Person to contact in case of emergency, if you cannot be reached:		Contact #	
<p>Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."</p>			

Part 4: Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American
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