

# FOOD PROGRAM ENROLLMENT FORM

Facility Name \_\_\_\_\_

Please COMPLETE the following 7 items: (ALL 7 MUST BE COMPLETED)  
Complete por favor los siguientes 7 artículos

(1) FULL NAME OF CHILD / Nombre completo del niño:

\_\_\_\_\_

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES \_\_\_\_\_

(2) CHILD'S DATE OF BIRTH / Fecha de nacimiento: \_\_\_\_\_

(3) TIMES IN CARE / Las horas en cuidado: \_\_\_\_\_ TO \_\_\_\_\_ Example 6am to 5:30pm

(4) DAYS IN CARE / Los días en cuidado: \_\_\_\_\_ Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/  
Las comidas servidas normalmente al niño mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EVENING SNACK  
(Please circle meals)

(6) \_\_\_\_\_ (7) \_\_\_\_\_  
Signature-Parent or Adult Household member Enrollment/Signature Date  
Firma de un miembro adulto de la unidad familiar Fecha

Non-Discriminatory Policy:

\_\_\_\_\_ does not discriminate on the basis of race, color, sex,  
(Name of Day Care)  
National origin, age, religion, political belief, or disability. To file a complaint of discrimination, write to Director, Civil Rights Office, Texas Health and Human Services Commission, P.O. Box 13247, Austin, Texas 78711, or the U.S. Department of Agriculture (USDA), Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (Voice and TDD). Note: Discrimination Complaints based on religion or political belief must be referred only to the Civil Rights Office, Texas Health and Human Services Commission.