USDA FOOD PROGRAM ENROLLMENT FORM
Alaska Family Child Care Food Program

Enrollment status
☐ New child
☐ Returning child
☐ Update of information
Entered in My Food Program?
☐ Yes ☐ No

Email to:
foodprogram@akfamilycca.org

_____
Childcare Provider's First and Last Name

Parent or guardian: Complete this form to enroll your children in the USDA Child Care Food Program. The program reimburses licensed or approved childcare providers for serving nutritious, well-balanced meals. This form must be completed by a parent or guardian only.

Child first and last name	Birth date	School grade	Hours in care AM/PM	Breakfast before 9 AM	AM snack 9–11:30 AM	Lunch 11:30 AM–1:30 PM	PM snack 1:30–5 PM	Dinner 5–7 PM	Evening snack 7–10 PM
			TO	☐	☐	☐	☐	☐	☐
			TO	☐	☐	☐	☐	☐	☐
			TO	☐	☐	☐	☐	☐	☐
			TO	☐	☐	☐	☐	☐	☐

Formula Option: **(For Children under 1 year of age)**
Formula Offered by Provider: _____Name of Parent Formula:_____
☐ Parent accepts provider-supplied formula **☐ Parent supplies breast milk or formula**

Days in care during a normal week: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Please list School District and School Attended (if School Age)

_____

Are the children related to the provider? ☐ No ☐ Yes, Relationship_____
Food allergies: _____
Depending on the food allergy, a special diet statement signed by a recognized medical authority may be required. Your childcare provider will give you this form if necessary.

Racial-Ethnic Heritage
Providing this information is optional. Your cooperation helps determine compliance with federal civil rights law. This information will not be used to consider your application, or declining to provide it will not affect consideration of your application. We are authorized to ask under Title VI of the Civil Rights Act of 1964.
Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Parent or guardian acknowledgment

I understand my children will receive meals at no extra cost to me when they are in care during scheduled meal services. Providers receive reimbursement to help provide healthy, well-balanced meals and snacks. I have received a copy of the Parent Information Packet explaining the program's goals. I will complete a new enrollment form if my schedule changes. I understand this childcare home cannot discriminate based on race, color, national origin, age, sex, or disability.

Preferred phone contact for updates or verification: ☐ Phone number ☐ Alternate phone number

Parent or guardian name printed: _____ Date: _____

Mailing address: _____ City: _____ ZIP: _____

Phone number: _____ Alternate Phone number: _____

Email address: _____

X_____
Parent's Signature