

GEO-SON CHILD CARE SERVICES, INC.
CENTER ENROLLMENT FORM

NAME OF CENTER: KinderClub TOO LC

CENTER TELEPHONE#: 956-701-3568

*ENROLLMENT DATE: _____

*WITHDRAWAL DATE: _____

Your day care provider participates in the Child and Adult Food Program. Your child will be given a nutritious meal which promotes good eating habits while in the provider's center. Please complete this form to enroll your child(ren). The center can not claim meals for (a) child(ren) without a complete and accurate enrollment form.

BE SURE TO FILL IN FIELDS WITH (*) NEXT TO THEM, THESE ARE MANDATORY.

NAME OF PARENT/GAURDIAN (PRINT): _____

HOME ADDRESS (PRINT): _____

PARENT/GAURDIAN TELEPHONE#: _____

LIST CHILD(REN) BELOW:

<u>*FIRST NAME</u>	<u>*LAST NAME</u>	<u>*DATE OF BIRTH</u>			<u>*DAYS & HOURS</u>	<u>*MEALS SERVED</u>
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE
		MM	DD	YY	S M T W Th F S _____ AM/PM _____ AM/PM	B AM L PM S EVE

PLEASE READ THE NON-DISCRIMINATION STATEMENT ON THE REVERSE OF THIS PAGE AND SIGN BELOW.

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I certify that I was given forms CACFP Meal Benefit Income Eligibility Form Letter to Households (Child Care Center), the WIC information, and the Building for Future Flyers.

*Parent Signature: _____

*Date: _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **[USDA Program Discrimination Complaint Form](#)**, (AD-3027) found online at: **<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>**, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: **program.intake@usda.gov**.

This institution is an equal opportunity provider.