

Child Nutrition Program of Southern California

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La Mesa, CA 91941
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05-06

**(OCT. 05 - SEPT. 06)
ENROLLMENT
AFFIDAVIT**

- PLEASE PRINT -

Child Care Provider's Name	CNP Provider #	Street Address
		City State Zip

PROVIDER'S OWN CHILD PROVIDER'S FOSTER CHILD NEW CHILD CARE CHILD INFO CHANGE ONLY

INSTRUCTIONS: You, the parent or guardian must complete this form in **ink** with no scratch outs, or white outs, and return it to your child care provider. This form must be in the office within 5 days of starting child on the nutrition program. A new enrollment affidavit is required when there is a change of address or phone number

I wish to enroll my child/children in the USDA Child Care Food Program administered by the State of California. This program reimburses child care facilities for serving nutritious, well-balanced meals to day care children.

Child's Name	TIMES IN CARE			Usual Hours of Care			
First	Last	1st Day Claimed on CCFP			Date of Birth	Earliest Drop Off Time	Latest Pick Up Time
		Mo.	Day	Yr.	Mo.	Day	Yr.
		/	/		/	/	

TIMES IN SCHOOL

School information must be completed for child attending school	Leaves for School	Return from School
School: <input type="checkbox"/> Traditional <input type="checkbox"/> Year-round <input type="checkbox"/> Other:		

Usual days of care: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Usual meals served: Breakfast A.M. Snack Lunch P.M. Snack Dinner Evening Snack

Any food allergies or disabilities requiring special diet: Yes _____ (If yes, provider must request CNP Diet Modification Form. Completed form must be on file in CNP Office before reimbursement can be made.)

SPECIFY

I understand my child/children will receive meal(s) at no extra charge, nor will I be required to provide any food components for these meals, when they are under care during any of the scheduled meal services and meals will be served without regard to race, color, national origin, age, sex, or handicap. I certify that this information is true and correct and I will notify you of any changes.

- PLEASE PRINT -

Parent / Guardian Name	Home Phone	Work Phone
Address	City, State, Zip	
Parent / Guardian Signature	Date	

If I need to be contacted by phone to update and/or verify this information, I would prefer being called:

(_____) _____ at home, or (_____) _____ at work. Time: _____

Racial-ethnic heritage of your children: Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect consideration of your application or your child's participation in the CCFP. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please circle the correct category below:

- (1) American Indian (2) Asian (3) Black or African American (4) Hispanic or Latino (5) White (6) Native Hawaiian or Other Pacific Islander

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