396 Tesconi Ct.
Santa Rosa, CA 95401
Phone: 544-3077
Food Program Line 522-1413 ext. 112
Fax: (707) 544-2625
Email: 4Cs@Sonoma.org

Community Child Care Council, Inc. of Sonoma County
4Cs Child Care Food Program
Enrollment Form

Donyin Catino
Provider's Name

490170189
Facility Number

Instructions: The parent or guardian must complete this form in ink and return it to the child care facility. Please print all information on the form.

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/Children's Name Last	First	Birthdate	Age	Hours in Care In	Out

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

First day in attendance on the Child Care Food Program : _____ (month, day, year)

Food allergies, if any: _____
(Physician's Statement must be attached.)

Are any of the children considered special needs? ☐ Yes ☐ No
Special dietary needs, if any _____
(Signed Medical Statement and /or IEP must be attached for all special needs children)

I understand my child/children will receive meals at no extra charge to me when they are in attendance during any of the scheduled meal services. I also understand that the child care facility cannot and will not discriminate for reasons of race, color, national origin, age, sex or handicap.

_____ Parent Signature

_____ Parent Name

_____ Date

_____ Address

_____ City & Zip

_____ Home Phone

_____ Work Phone

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 your child's participation in the Child Care Food Program. 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	2	3	4	5
American Indian	Asian or Pacific Islander	Black-Not of Hispanic Origin	Hispanic	White-Not of Hispanic Origin

The U.S. Department of Agriculture (USDA)and the California Department of Education's Nutrition Services Division(NSD) prohibits its discrimination in all their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building 14th and Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice & TDD). USDA and the NSD are an equal opportunity providers and employers.

White Copy-4Cs **Yellow Copy-Provider** **Pink Copy-Parent**