

FORT HOOD CHILD & YOUTH SERVICES / TX 014-0019  
CHILD AND ADULT CARE FOOD PROGRAM  
CENTER-BASED CHILD ENROLLMENT FORM

CHILD'S NAME: \_\_\_\_\_

BIRTH DATE (MO/DA/YR): \_\_\_\_\_

**My child will be attending the following program on the following days: Mon Tues Wed Thurs Fri Sat Sun**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Clear Creek Child Development Center | <input type="checkbox"/> Clear Creek Elementary SAC | <input type="checkbox"/> Walker SAC Center                     |
| <input type="checkbox"/> Fort Hood Child Development Center   | <input type="checkbox"/> Venable Elementary SAC     | <input type="checkbox"/> Bronco Youth Center                   |
| <input type="checkbox"/> Comanche Child Development Center    | <input type="checkbox"/> Clarke Elementary SAC      | <input type="checkbox"/> High Chaparral Youth Center           |
| <input type="checkbox"/> Chaffee Child Development Center     | <input type="checkbox"/> Duncan Elementary SAC      | <input type="checkbox"/> Comanche Youth Center                 |
| <input type="checkbox"/> Family Child Care                    | <input type="checkbox"/> Montague Elementary SAC    | <input type="checkbox"/> Other (SKIES/EDGE!/HIRED!/KOS/Sports) |
| <input type="checkbox"/> CD Home Comanche                     | <input type="checkbox"/> Oveta Elementary SAC       |  |

**The type of care my child will be receiving is:**

- |  |  |
|--|--|
| <input type="checkbox"/> Part Day - AM (7:30 am - 1 pm)  | <input type="checkbox"/> SAC - AM (5:45 am - 8:30 am)                    |
| <input type="checkbox"/> Part Day - PM (1 pm - 6 pm)   | <input type="checkbox"/> SAC - PM (3 pm - 6 pm)                          |
| <input type="checkbox"/> Full Day (5:45 am - 6 pm)   | <input type="checkbox"/> Hourly Care (8 am - 6 pm) (12 pm - 8 pm for YC) |
| <input type="checkbox"/> Head Start (8 am - 2 pm)  | <input type="checkbox"/> Special openings (evening & weekend)            |
| <input type="checkbox"/> SAC - Full Day, (i.e. Summer-, Christmas-, Spring- school breaks from 5:45 am - 6 pm) |  |

Address: \_\_\_\_\_  

 Street  City  State  Zip Code

Print Parent Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**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 CACFP. Collection of this information is in accordance with Title IV of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please check the correct category below:

American Indian or Alaskan Native	Asian or Pacific Islander	Black - Not of Hispanic Origin	Hispanic	White - Not of Hispanic Origin	Multi Racial
-----------------------------------	---------------------------	--------------------------------	----------	--------------------------------	--------------

**PRIVACY ACT STATEMENT**

AUTHORITY: TITLE 10, UNITED STATES CODE, SECTION 3012.  
 PRINCIPAL PURPOSE: TO PROVIDE CHILD AND FAMILY INFORMATION AND PROGRAM ENROLLMENT VERIFICATION.  
 ROUTINE USES: INFORMATION IS USED BY CYS CHILD AND ADULT CARE FOOD PROGRAM AS VERIFICATION OF CHILD ENROLLMENT IN A CENTER - BASED / SCHOOL - AGE CARE PROGRAM. INFORMATION MAY BE DISCLOSED TO USDA, TDHS, OR CYS PERSONNEL. DISCLOSURE: DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY AND THE INDIVIDUAL WILL NOT BE AFFECTED ADVERSELY; HOWEVER, THE PROGRAM MAY NOT BE ABLE TO CLAIM THE CHILD FOR THE CACFP.

My child will be eating the following meals

B \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_ P \_\_\_\_\_ E \_\_\_\_\_ School Holiday & Full SAC B \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_ P \_\_\_\_\_ E \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
CACFP Staff Signature

Date Child(ren) left the Program: \_\_\_\_\_