

Return this completed form to: Shining Star Pre-school

## Participant Enrollment Form

**Instructions:**

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		
	Mon   Tues   Wed   Thu   Fri   Sat   Sun		Breakfast   AM Snack   Lunch PM Snack   Supper   Evening Snack		

\* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

\_\_\_\_\_

Adult/Parent/Guardian's Address

\_\_\_\_\_

Adult/Parent/Guardian's Phone Number

\_\_\_\_\_

Signature of Adult/Parent/Guardian

\_\_\_\_\_

Date Signed

### Non-Discrimination Statement

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.