



Fort Belvoir Child & Youth Services  
 Child & Adult Care Food Program  
**ENROLLMENT STATEMENT**



\_\_\_\_\_  
 (PRINT FULL NAME OF CHILD)

AGE \_\_\_\_\_ (DOB \_\_\_ / \_\_\_ / \_\_\_ )

**IS ENROLLED AT**

\_\_\_\_\_  
 (NAME OF CENTER / DAY CARE HOME)

\_\_\_\_\_  
 (DIRECTOR/ PROVIDER NAME)

\_\_\_\_\_  
 (ADDRESS OF CENTER / DAY CARE HOME)

**COMMENCING ON:** \_\_\_\_\_  
 (MONTH / DAY/ YEAR)

**NORMAL DAYS OF CARE:** \_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F\_\_\_S\_\_\_SU  
 (Check all that apply)

**NORMAL HOURS OF CARE:** \_\_\_\_\_  
 (Please list specific times)

**ALTERNATE DAYS OF CARE:** \_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F\_\_\_S\_\_\_SU  
 (Check all that apply)

**ALTERNATE HOURS OF CARE:** \_\_\_\_\_  
 (Please list specific times)

**MEALS TO BE PROVIDED:** \_\_\_Breakfast\_\_\_AM Snack\_\_\_Lunch\_\_\_PM Snack\_\_\_ Supper  
 (Check all that apply)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Parent/Guardian) (Month / Day/ Year)

**Race/Ethnic Identity:** You are not required to fill out this section.  
 White, Not of Hispanic Origin     Black, not of Hispanic Origin     Hispanic  
 Asian or Pacific Islander     American Indian or Alaska Native

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe you have been discriminated against, write to: Administrator, Food & Consumer Service, U.S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302.

FOR CENTER / HOME USE ONLY

**CHILD WITHDRAWN ON:** \_\_\_\_\_  
 (DATE)