

Center Name:



**NUTRISERVICE  
ENROLLMENT FORM**

Date Enrolled	Child's First Name	Last Name	Date of Birth	Race	Gender	PRINT Parent Name
				(Circle) Black White His-panic Asian Native-Amer Other	m f	Signature: <b>X</b>
					m f	Date of signature
					m f	Address
					m f	City & Zip
				m f	m f	Home Phone
Usual Hours in Care: _____ am/pm to _____ am/pm						Work (Daytime) Phone
Usual Days in Care (Circle)                      M Tu W Th F Sat Sun						Email address
Meals your child will receive (circle) Breakfast Am Snack Lunch Pm Snack Supper EveSnack						Drop Date:

**NUTRISERVICE, INC.**



Dear Parent,

Because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. **972-203-9490**

Under the regulations of the Child and Adult Care Food Program, your provider may not charge you separate fees for meals nor may you be asked to provide food for your child for those meals claimed under the program.

In the operation of child nutrition programs, children are not discriminated against because of race, color, national origin, sex, age, religion, political belief, or disability. If you believe you have been discriminated against, write immediately to: Director, Civil Rights Division, Texas HHSC, P.O. Box 149030, Austin, TX 78714-9030. Or you may write: Secretary of Agriculture, Washington, D.C. 20250. Note: Discrimination complaints based on religion or political beliefs must be referred only to the Director, Civil Rights Division, Texas Department of Health and Human Services.

A diet statement from your doctor is necessary if your child cannot eat foods required by the Child and Adult Care Food Program. Please secure a statement within two weeks and give it to your daycare provider. Your child may then participate in the Child and Adult Care Food Program and still follow the diet your doctor has prescribed.

As sponsor for your provider, verification is needed that your child is enrolled for daycare. Please complete the information on this form. All information is confidential and is not shared with anyone. Want to know more? Contact us at the number above or through our website: [nutriservice.org](http://nutriservice.org)