Revised 5/2011



Name:

## Iowa Child and Adult Care Food Program Child Care Enrollment Form

Birth date:

Indicate the 1. ethnic and 2. racial identity of the enrolled child with a check mark in the appropriate box below. Answering these questions is voluntary.								
1. Ethnic Identity of Child	Hispanic or Latino	Non Hispanic or Latino	2. Racial Identity of Child	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
My infant/ch	ild's usual tin	nes of attend	lance will be:				***************************************	
Days	: Monda	ay Tuesda	ay Wednes	sday Thur	sday Frid	day Satur	day Sunday	
Hour	s: Arrivin	g at			Le	aving at		
	Arrivin	ng at			Le	aving at		
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			meal parti					
Breakfa	ast 🔲 AN	/I Snack	Lunch	PM Sna	ack $\square$ S	upper 🔲	Late night Si	nack
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