



Child's Full Name: _____ Ethnicity _____ Race _____

Child's Birth Date: _____

Select the **ethnicity** of your child using the following codes:
H = Hispanic or Latino, N = Not Hispanic or Latino*

First day at school will be: _____

Select one or more **racial designations** of your child 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*

Classroom (Circle One): Nido Fiore Giardino Fiume Luna Vento Cascata A Cascata B

Child's Schedule will be:

Meals/Snacks:

Monday _____

Breakfast _____

Tuesday _____

AM Snack _____

Wednesday _____

Lunch _____

Thursday _____

PM Snack _____

Friday _____

Food Restrictions: _____

Category: A B C

Other Notes:

Parent/Guardian Signature _____ Date _____

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.