



Child's First & Last 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*

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*

First day at school will be: _____

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

Child's Typical Schedule will be:

Meals/Snacks:

Monday _____

Breakfast _____

Tuesday _____

AM Snack _____

Wednesday _____

Lunch _____

Thursday _____

Friday _____

PM Snack _____

Food Restrictions (additional doctor's form required): _____

Category (Office Use Only): **A** **B** **C**

Other Notes (Office Use Only):

Adult/Parent/Guardian's Signature _____ Date _____

Printed Name _____ Phone # _____

Address _____

City, Zip _____

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

Non-Discrimination Statement

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