Northwest Nutrition Service Online Child Enrollment Form

P.O. Box 68365 Milwaukie, Oregon 97268
(503) 653-7626 or 1-800-600-6058 Fax: (503) 653-1484
email: information@nwnutritionservice.com www.nwnutritionservice.com

This information will be treated confidentially and only for eligibility determination and verification of data for the Child and Adult Care Food Program.

Name of Daycare Provider (Not Name of Daycare): ________________________________ Acct.#: ________________

Home Schooled __yes ___no. Include approval letter with start date from the school district in which the child resides.

RACIAL OR ETHNIC IDENTITY (not required) Please check your child's racial ethnic identity. Mark one ethnic identity:

___ Hispanic or Latino ___ American Indian & Native Alaskan ___ Black or African American ___ Asian
___ Not Hispanic or Latino ___ Native Hawaiian or Other Pacific Islander ___ White ___ Other

This form must be filled out by the parent/guardian only. Missing information will invalidate this form.

#	Children's Names Please Print	Birthdate	Normal Hours in Care: Arrival time	Normal Hours in Care: Departure time	Normal Meals and Days in Care
	First / Last / Check if Relative........ ☐		______ Time ☐ Am ☐ Pm	______ Time ☐ Am ☐ Pm	Normal Meals While in Care: Breakfast ☐ Am Snack ☐ Lunch ☐ Pm Snack ☐ Dinner ☐ Late Snack ☐ Normal Days of the Week in Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐
	First / Last / Check if Relative........ ☐		______ Time ☐ Am ☐ Pm	______ Time ☐ Am ☐ Pm	Normal Meals While in Care: Breakfast ☐ Am Snack ☐ Lunch ☐ Pm Snack ☐ Dinner ☐ Late Snack ☐ Normal Days of the Week in Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐
	First / Last / Check if Relative........ ☐		______ Time ☐ Am ☐ Pm	______ Time ☐ Am ☐ Pm	Normal Meals While in Care: Breakfast ☐ Am Snack ☐ Lunch ☐ Pm Snack ☐ Dinner ☐ Late Snack ☐ Normal Days of the Week in Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐
	First / Last / Check if Relative........ ☐		______ Time ☐ Am ☐ Pm	______ Time ☐ Am ☐ Pm	Normal Meals While in Care: Breakfast ☐ Am Snack ☐ Lunch ☐ Pm Snack ☐ Dinner ☐ Late Snack ☐ Normal Days of the Week in Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

Infant Formula Selection: Complete if any child listed is an infant under one year of age.
This provider supplies ____ iron fortified infant formula.
List brand of formula

Check one: ☐ I accept the provider supplied formula. ☐ I decline the provider supplied formula.
I understand that by declining the provider supplied formula, I agree to provide breast milk or formula for my child.
If I provide formula it must be on the approved formula list for the provider to be reimbursed for the meal.

Allergies: List your child's allergies to any foods and/or milk. Call our office for a medical form.
List Allergies: ____.

I understand my child will receive meals at no extra charge when they are in care during any of the scheduled meal services. I wish to enroll my child/children whose enrollment information is given above in the Child and Adult Care Food Program. This program reimburses day care providers for serving nutritious well balanced meals to all daycare children.

Parent/Guardian Name (please print) **Parent/Guardian Signature** **Date (Parent must date this form to be valid)**

Street Address **Apt. Number** **City** **State** **Zip Code**

Work phone: ____________________ **Home phone:**______________________ **Cell phone:**____________________

(Reimbursement for child/children will begin on the first day of the month in which this form has been dated) Enrollments and Home School approval letters are valid for one year and must be renewed annually and are the responsibility of the Provider and Parent.

This institution is an equal opportunity provider.