

Child Care Enrollment Form
(This form must be renewed every year – annually)

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Withdrawal Date: _____

Days in Care:

Monday – Friday
Please place check mark

_____ **Hours in Care: Start Time: 7:30 AM Ending Time: 3:30 PM**
Parent initials

Meals/Snacks Served to Child in Care:

Breakfast **Lunch**

Parent Signature _____ **Date**

Non-Discriminatory Policy:
CSNT Head Start does not discriminate on n accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992

***This child is enrolled in a Head Start classroom.**