

PLEASE PRINT, FILL OUT, SIGN, AND RETURN TO YOUR PROGRAM SITE.

**Enrollment Statement: USDA Child & Adult Care Food Service Program**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Birthdate and Age

Name of YMCA Program Site: \_\_\_\_\_ Address: \_\_\_\_\_

**Please check the appropriate space below:**

\_\_\_\_\_ I DO NOT want my child to participate in the USDA meals program, and will send my child with a lunch each day.

\_\_\_\_\_ I would like my child to participate in the USDA meals program. I understand that lunches will be ordered for my child while my child is enrolled in the Y's intersession program. Should my plans change and I wish to discontinue my child receiving lunches, I will notify the Y giving a week's notice. (Please note that the Y can only be reimbursed by USDA for lunches served to children included in the lunch orders.)

The following questions are optional, however, will help us in completing required USDA reports. All responses are reported in aggregate and not associated with personal information about your child or family.

Check One:

My Ethnic Category is: \_\_\_\_\_ Hispanic or Latino                      \_\_\_\_\_ Non-Hispanic or Latino

Check the Racial Category you most identify with:

- \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_\_\_ White

Parent/Guardian's Name (Please print) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important Notice:

In 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, disability, age, 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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture                      (2) Fax to: (202) 690-7442; or  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW                      (3) Email to: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 Washington, D.C. 20250-9410;

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