

**HELPING HANDS, INC.**

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**FDCH Child Enrollment**

Provider Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Work Organization \_\_\_\_\_ Business / Other Contact Phone \_\_\_\_\_

**PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN)**

Enrolled Childs Full Name (Nickname)	Birth Date	Sex	Relationship to Provider	Times-Arrival & Departure	School Information	Time Child in School	Days Child Attends School	Race Ethnic
		<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	____ AM/PM to ____ AM/PM	<input type="checkbox"/> No School <input type="checkbox"/> AM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> All Day Kindergarten <input type="checkbox"/> School <input type="checkbox"/> PM Presch <input type="checkbox"/> PM Kinder	____ AM/PM to ____ AM/PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
		<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	____ AM/PM to ____ AM/PM	<input type="checkbox"/> No School <input type="checkbox"/> AM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> All Day Kindergarten <input type="checkbox"/> School <input type="checkbox"/> PM Presch <input type="checkbox"/> PM Kinder	____ AM/PM to ____ AM/PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
		<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	____ AM/PM to ____ AM/PM	<input type="checkbox"/> No School <input type="checkbox"/> AM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> All Day Kindergarten <input type="checkbox"/> School <input type="checkbox"/> PM Presch <input type="checkbox"/> PM Kinder	____ AM/PM to ____ AM/PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
		<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	____ AM/PM to ____ AM/PM	<input type="checkbox"/> No School <input type="checkbox"/> AM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> All Day Kindergarten <input type="checkbox"/> School <input type="checkbox"/> PM Presch <input type="checkbox"/> PM Kinder	____ AM/PM to ____ AM/PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	

\*Check relationship to provider:  son / daughter  step-son / step-daughter  grandson / granddaughter  niece / nephew (son or daughter of sibling only)

Usual Days in Care	Usual Meals Child(ren) will be served	<b>Infants: If child is under age 1 this section <u>must be completed</u>.</b>
<input type="checkbox"/> Sun <input type="checkbox"/> Wed <input type="checkbox"/> Sat <input type="checkbox"/> Mon <input type="checkbox"/> Thu <input type="checkbox"/> Days <input type="checkbox"/> Tue <input type="checkbox"/> Fri Vary	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve Snk	<input type="checkbox"/> Parent Accepts the provider's formula (or parent will supply breast milk) and parent accepts the provider's food <input type="checkbox"/> Parent will supply the formula but accepts the provider's additional foods <input type="checkbox"/> Parent supplies all formula and food and refuses the provider's food.

OPTIONAL You do not have to fill this section out under Title IV of the Civil Rights Act. Please write in the appropriate code in the box provided above.  
**Race: AI = American Indian/Alaskan Native AS = Asian PA = Pacific Islander BL = Black WH = White | Ethnicity: H = Hispanic/Latino N = Not Hispanic/Latino**  
 In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Please answer these questions completely:**Are the school age children on year-round school?  YES year-round track (A-D, or Single) \_\_\_\_\_  NO

School District and School that school age child(ren) attend \_\_\_\_\_

Does the child have any special dietary needs?  YES (Medical note REQUIRED)  NO

If so, please specify (attach a note from a medical authority describing the dietary need) \_\_\_\_\_

Does the provider need to accommodate for any disabilities that a child might have?  YES (Medical note REQUIRED)  NO

If yes, please explain (attach a note from a medical doctor describing the disability) \_\_\_\_\_

I certify that the information is true and correct in all respects. I understand that my child(ren) will receive meal(s) at no cost to me without regard to race, color, national origin, age, sex, or disability and that I will be contacted by the sponsoring organization and/or representative to confirm the above enrollment information and attendance of my child(ren).

\_\_\_\_\_  
Parent (Guardian) Signature\_\_\_\_\_  
Date

I certify that the information is true and correct in all respects, and that records are available to support the information on this form. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I understand that this information is subject to verification by the sponsoring organization.

**I also understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.**\_\_\_\_\_  
Provider's Signature\_\_\_\_\_  
Enrollment Date

Utah State Office of Education, Child Nutrition Programs (801)538-7680, 250 East 500 South, P.O. Box 144200, Salt Lake City, UT 84114-4200