

Carbon County Child Development Annual Child Enrollment Form for Child and Adult Care Food Programs CACFP

Child's Name: _____ Class: _____

My child is present for the following meals: (please circle all that apply)

Breakfast

Lunch

Snack

My child receives WIC Yes No

ETHNICITY:

Hispanic

Not Hispanic

RACE:

Asian

American Indian/Alaskan Native

Black

Hawaiian/Pacific Islander

White

Multi-Racial

Other: _____

Please note that we try and meet cultural needs of each child and include items on our menu from the diverse cultures our children come from.

Please check the primary language of your family at home:

English

Spanish

Native Central American, South American & Mexican
(Mixteco, Quichean)

Caribbean (Haitian-Creole, Patois)

Middle Eastern & South Asian (Arabic, Hebrew, Hindi,
Urdu, Bengali)

East Asian (Chinese, Vietnamese, Tagalog)

Native North American/Alaska Native

Pacific Island (Palauan, Fijian)

European & Slavic (German, French, Italian, Croatian,
Yiddish, Portuguese, Russian)

African (Swahili, Wolof)

Other (American Sign Language)

Specify: _____

Unspecified (not known or parents decline
to identify)

Parent/Guardian Name: _____ Parent Initials: _____ Date: _____

CACFP Staff: _____ Date: _____