

2023 - 2024

Dumas Wesley Community Center
126 Mobile Street
Mobile, AL 36607

FAMILY HOME DAY CARE FOOD PROGRAM

Name of Day Care Provider: _____

Address: _____

Phone: _____

Child's Date of Enrollment: _____

Child's Name: _____

Child's Address: _____

City

State

Zip

Phone: _____

Date of Birth: _____

Age: _____

Sex: _____

Ethnicity: Please check the ethnic identity of your child

Hispanic or Latino

NOT Hispanic or Latino

Race: Please mark one or more of the following:

American Indian or Alaskan Native

Black or African American

Asian

White

Native Hawaiian or Other Pacific Islander

Other

This is to verify that _____ is enrolled
PRINT or TYPE Child's Name

in the Family Home Day Care Program listed above.

Parent/or Guardian's Signature _____

Day Care Provider's Signature _____

Date Child was Withdrawn _____

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation*), disability, age, or reprisal or retaliation for prior civil rights activity.

*The enclosed "non discrimination" language herein was added pursuant to the May 5, 2022, USDA memorandum. However, although included as currently required for audit compliance by the USDA, the State of Alabama objects to its inclusion, applicability and the application of this language due to currently pending legal challenges in the matter of THE STATE OF TENNESSEE, ET AL. V. USDA, ET AL., Case No. 3:22-cv-00257, and may be subject to change or removal.

FOR OFFICE USE ONLY

If this child is provider's own child, is there an updated income verification form on file? Yes No