



Family Child Care Enrollment Application

Maryland State Department of Education
School and Community Nutrition Programs Branch
Child and Adult Care Food Program

MCPS Form 240-62
January 2016

SPONSORING INSTITUTION

Name: **Montgomery County Public Schools**

Catalog Number _____

PROVIDER INFORMATION

Name _____ Date of Birth ____/____/____

Phone _____-_____-_____ E-mail _____

Street Address _____

City _____ County Montgomery State MD ZIP Code _____

NUMBER OF CHILDREN IN CARE

Provider's own children (under age 13) _____ Other _____ Total _____

Age Range of Children in Care: Youngest _____ Oldest _____ Hours of Operation from ____: ____ to ____: ____

Days of Operation Monday-Friday _____ Weekend _____ Shift _____

Days typically closed Federal Holidays School Holidays

Number of weeks, per year, provider plans to provide child care if other than 52 _____

MEAL SERVICE (Check meals to be claimed for reimbursement and list the time meals are served.)

Breakfast ____: ____ A.M. Snack ____: ____ Lunch ____: ____ P.M. Snack ____: ____ Supper ____: ____ Late P.M. Snack ____: ____

You can claim a maximum of three meal types per child, per day, provided that one of the meals is a snack.

REGISTRATION AS A FAMILY CHILD CARE HOME

Issuance Date ____/____/____ Expiration Date ____/____/____

Licensed Capacity _____ Age Range _____

Restrictions _____

Have you participated in this Program in Maryland, another state, or Washington, D.C.? Yes No

If "Yes," were you ever terminated, for cause, from the Child and Adult Care Food Program? Yes No

If "Yes," list the following about the termination(s):

Name at Time of Termination	Date	Sponsoring Institution(s)	Reason for Termination(s)?

CERTIFICATION

I certify that the information contained on this form is true and correct. I understand that this information is being given in connection with the receipt of federal funds, that the department officials may, for cause, verify information, and that deliberate misrepresentation may subject me to prosecution under applicable State and criminal statutes. The Program must be available to all eligible children. In accordance with federal law and U. S. Department of Agriculture (USDA) policy, State law, and the Maryland State Department of Education policy, discrimination is prohibited.

In accordance with Federal civil rights law and 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at 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, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

_____/_____/_____
Signature, Provider _____ Date _____ Signature, Sponsoring Institution's Representative _____ Date _____

FOR OFFICE USE ONLY:

Tier I Tier II Combo Tier II Provider's children eligible for Tier I? Yes No Undetermined