

Child & Adult Care Food Program • Enrollment Form



**SECTION A**

Provider's Name: \_\_\_\_\_

**Section B**

(COMPLETED BY PARENT/GUARDIAN)

Note to Parents/Guardians: Your child(ren) is enrolled for care at a family day care home that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the provider is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the provider is required to have parents complete enrollment information annually for each child enrolled for care.

Check one of the boxes below. If this is the initial enrollment, enter the first day of care (effective date).

Initial Enrollment for this family (For new families only) "OR"  Annual Update for this family  
 effective date for family-----> \_\_\_\_\_

Enter your child (ren)'s information here:

Print <u>F</u> irst and <u>L</u> ast Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care					
		Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn

Addition information Required:

Y	N	Check "Y" - Yes and "N" - No
		Does the child(ren)'s schedule vary?
		Is the child(ren) related to Provider? (If yes, how?)

Both are required and must be filled out.

**Ethnicity**

\_\_\_\_\_ Hispanic or Latino      \_\_\_\_\_ Not Hispanic or Latino

**Race**

\_\_\_\_\_ White      \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black or African American      \_\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_\_ Asian      \_\_\_\_\_ Other:

\_\_\_\_\_ Printed Parent/Guardian First and Last Name

\_\_\_\_\_ Home Mailing Address - City, State, and Zip

\_\_\_\_\_ email address

Phone Number      Check the box to received text messages when necessary

\_\_\_\_\_ Parent or Guardian's Signature

\_\_\_\_\_ Today's Date

**Section C**

(COMPLETED BY PARENT/GUARDIAN)

\*\*\*Complete this section only if your child is Under 12 months of Age\*\*\*

As a participant in a USDA Child Nutrition Program, our childcare provider offers meals to children of all ages, including infants. Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods are served appropriate for the age and developmental readiness of your infant. To better meet your personal preferences and infant's needs, you may choose as many options as you like from the list below and updates as your infants' feeding needs progress. A new infant offer form is not required when changes are made; however, whenever changes are made please initial and date the changes.

Formula Offered by Provider:		Solids: Check all that apply		
Breastmilk and Formula Options: Check all that apply		Provider Offers	I accept the Provider to offer Solid Foods (appropriately textured) to my infant as s/he is developmentally ready for them and this was discussed with the Provider.	Iron Fortified Infant Cereal
Provider	<input type="checkbox"/> I accept the provider's Formula listed above			Grains
	<input type="checkbox"/> Provider will supply formula to supplement with when necessary			Vegetables
Breast milk	<input type="checkbox"/> I will provide breastmilk for my infant	Parent Provided	I decline all infant foods offered by the Provider and will provide solid foods for my infant.	Fruits
	<input type="checkbox"/> I would like to breastfeed on site if available			Infant Meats/Meat Alternates
Parent Provided Formula	<input type="checkbox"/> I will provide the iron fortified formula for my infant <small>Manufactured in the USA</small>			
	Formula Name: _____			
	<input type="checkbox"/> I will submit a Meal Modification Form non-reimbursable formula			
	Formula Name: _____			
		Parent Signature _____ Date _____		