



Child & Adult Care Food Program CACFP ENROLLMENT FORM

Effective dates:
October 1, 2009 - September 30, 2010

Do the days and times in care vary?
 Not Generally
 Frequently Explain: _____

Attend preschool? Yes No
 If yes: Days and Hours... _____

Head Start? Yes No

Provider's Name _____ **Phone Number** _____ **Date Enrolled** _____

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.

Only parents/guardians can complete enrollment information for each child enrolled.

Important: You will receive within the year a parent confirmation request to verify your child's attendance and the meals and snacks they are served. Your cooperation helps assure the continuance of this federally funded nutrition program.

Check one: First time enrollment for this family **OR** Update of enrollment information for this family

Child's first & last name <i>Printed</i>	Date of Birth	Normal Arrival Time	Normal Departure Time	Circle Days of Care and Meals												Ethnic/Race*		
				Normal Days of Care							Normal Meals Received During Care					Ethnicity	Race	
				S	M	T	W	T	F	S	Br	AM Sn	Lu	PM Sn	Dn	BT Sn		
				S	M	T	W	T	F	S	Br	AM Sn	Lu	PM Sn	Dn	BT Sn		
				S	M	T	W	T	F	S	Br	AM Sn	Lu	PM Sn	Dn	BT Sn		
				S	M	T	W	T	F	S	Br	AM Sn	Lu	PM Sn	Dn	BT Sn		
				S	M	T	W	T	F	S	Br	AM Sn	Lu	PM Sn	Dn	BT Sn		

* **Ethnicity:**
H - Hispanic or Latino
N - Not Hispanic or Latino

Race: (choose all that apply)
I - American Indian or Alaska Native
A - Asian
B - Black or African American
P - Native Hawaiian or Pacific Islander
W - White

Complete this section only if your child is under 1 year of age:

FORMULA offered by the child care provider: _____

Check one:

- I accept the above named formula for my infant. (A)
- I decline the above named formula for my infant. I will provide the formula. (B)
- I decline the above named formula for my infant. I will provide breast milk. (B)
 - I accept the above named formula to supplement with.
 - I decline the above named formula to supplement with. I will provide the formula.

SOLID FOOD (baby food, infant cereal or table food) **Check one:**

- My infant is not ready at this time for solid foods. I will complete a new enrollment form when my infant is ready to be served solid foods. (Not Yet)
- My infant is developmentally ready to be served solid foods, starting _____ (list date to begin). (Enter Date)
- I decline and will provide the solid foods for my infant. (Decline)

Printed Parent/Guardian First and Last Name _____

Home Ph # _____ Work Ph # _____ Permission to call at work: Yes No

Address _____ City, State, Zip _____ Signature _____ Date _____

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