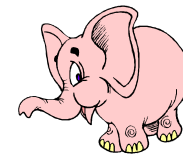




Effective dates:
**October 1, 2011 -
 September 30,
 2012**

Child & Adult Care Food Program CACFP ENROLLMENT FORM



Do the days and times in care vary?

- Not Generally
 Frequently Explain:

Attend preschool? Yes No

Name:

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		

* **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.

BABY FOOD, INFANT CEREAL OR TABLE FOOD (Solid Food) **Check one:**

- My infant is not ready at this time for baby food, infant cereal or table food. 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 baby food, infant cereal or table food, starting _____ (list date to begin).
 I decline and will provide the baby food, infant cereal or table food 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 _____ Parent's Signature _____ Date _____

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Top copy is for Child Care Links and back copy is for parent