



Child & Adult Care Food Program CACFP ENROLLMENT FORM

Effective dates:
**October 1, 2016 -
September 30, 2017**

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** _____

Only parents/guardians may complete enrollment information for each child 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.

Important: You may receive 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 will provide **breast milk**. (B)

If providing breast milk, check one below:

I accept the above named supplement formula.

I will provide the supplement formula.

▼ ▼ **Solid Food – (Required at 8 months) Complete this section when your infant is ready for solid foods** ▼ ▼

My infant is developmentally ready to be served baby food, infant cereal and/or table food, starting _____ (list date to begin).

Who will provide the baby food, infant cereal or table food for my infant?

Provider will I will

Printed ↑ Parent/Guardian First and Last Name _____

Address _____

City, State, Zip _____

Home Ph # _____ Work Ph # _____

Work Place _____ Permission to call at work? Yes No

Parent's Signature _____ Date _____

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