



# Child & Adult Care Food Program CACFP ENROLLMENT FORM

*Effective dates:*  
**October 1, 2017 -  
September 30, 2018**

**Do the days and times in care vary?**  
 Not Generally  
 Frequently Explain: \_\_\_\_\_

**Attend preschool?**  Yes  No  
 Name of child: \_\_\_\_\_

Days and Hours: \_\_\_\_\_

**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 MM/DD/YYYY	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

\_\_\_\_\_ Address \_\_\_\_\_

**Printed ↑** Parent/Guardian First and Last Name

City, State, Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Permission to call at work?  Yes  No Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**FORMULA** offered by the child care provider: \_\_\_\_\_

**Check one** (All formula must be iron-fortified and manufactured in the USA):

I **Accept** the above named formula for my infant  
 I **Decline** the above named formula for my infant. **I will provide** the formula  
 I will provide **breast milk** for my infant  I will **breastfeed onsite** (when available)

**If providing breast milk, check one below:**  
 I **Accept** the above named formula to supplement with  
 I **Decline** the above named formula to supplement with, **I will provide** the formula

**Solid Foods**  
**Complete this section ONLY when your infant is ready for solid foods**

I **Accept** the following solid foods, provided by the child care provider (appropriately textured) to be served to my infant (check all that apply):  
 Iron fortified Infant Cereal  Grains  Vegetables  Fruits  Infant meat/meat alt.

I **Decline** the following provider provided solid foods, **I will provide** the following solid foods for my infant (check all that apply):  
 Iron fortified Infant Cereal  Grains  Vegetables  Fruits  Infant meat/meat alt.