

# CHILD CACFP ENROLLMENT FORM

This form must be updated annually



\_\_\_\_\_  
**Child Care Center or Provider Name**

NAME OF CHILD	BIRTH DATE	NORMAL HOURS IN CARE		NORMAL MEALS WHILE IN CARE					
				BKFST	AM SNACK	LUNCH	PM SNACK	SUPPER	
Last, First PLEASE PRINT	(Mo/Day/Yr)	From am/pm	To am/pm						

Days in care on a normal week (check):      Sun.      Mon.      Tue.      Wed.      Thur.      Fri.      Sat.

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Infant Feeding Preferences

Complete only if you have children under 12 months old. ( Check all that apply, Preferences may be updated at any time)

I will provide breastmilk for my infant.

I will provide iron-fortified formula. Formula brand: \_\_\_\_\_

I want the site to supply iron-fortified formula. Formula brand: \_\_\_\_\_

I will provide solid food for my infant once they are developmentally-ready to eat them.

I want the center or provider to supply solid foods for my infant once they are developmentally-ready to eat them.

When infant is developmentally-ready to eat solid foods and the parent elects to supply both the iron-fortified formula / breastmilk and the solid foods, the daycare program will no longer receive reimbursement for the child's meals until the child's first birthday and is participating as a toddler.

### Race/Ethnic Identity: You are not required to answer these questions. (Please check all that apply)

- |                    |                        |                                   |       |                           |   |       |
|--------------------|------------------------|-----------------------------------|-------|---------------------------|---|-------|
| Hispanic or Latino | Non Hispanic or Latino | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White |
|--------------------|------------------------|-----------------------------------|-------|---------------------------|---|-------|

This institution is an equal opportunity provider.