



Child & Adult Care Food Program (CACFP) ENROLLMENT FORM

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

PROVIDER'S Name _____

Only parents/guardians may complete info for each child enrolled.

Note to Parents/Guardians: Your child(ren) is enrolled for care at a family day care home which participates in CACFP through DCC. By participating, the provider is serving a variety of nutritious foods to your child(ren) & receiving reimbursement to assist with food costs.

Important: You may receive a parent audit confirmation request to verify attendance & meals served. Your cooperation helps assure the continuance of this federally funded nutrition-education program.

Check 1: NEW Enrollment for this family **OR** UPDATED info for this family

1st Day on Menus? _____

Do the days & times in care vary?

- Not Generally
 Frequently Explain: _____

Attend preschool (away from day care home)? Yes No

Name: _____

Days & Hours: _____

Child's 1st & Last Name <i>Print</i>	Date of Birth	Circle Days of Care & Meals											Ethnicity/Race*			
		Normal Days of Care							Normal Meals Received During Care				Ethnicity	Race		
		Su	M	T	W	Th	F	Sa	Bkfst	AM Snck	Lnch	PM Snck	Dnr	Evening Snck		

* **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 child care provider: _____

Check 1:

- I accept above named formula for my infant.
 I decline above named formula for my infant. I will provide formula.
 I will provide **breast milk**.

If providing breast milk, check 1 below:

- I accept above named supplement formula.
 I will provide 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 &/or table food, starting _____ (list date to begin).

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

- Provider will I will

Print ↑ Parent/Guardian First & Last Name _____

Address _____

City, State, Zip _____ Email _____

Home/Cell Ph # _____ Work Ph # _____

Work Place _____

Parent's Signature _____ Date _____

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