



## 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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*This institution is an equal opportunity provider.*