



Child & Adult Care Food Program (CACFP)  
**ENROLLMENT FORM**

effective dates:  
**October 1, 2021-  
September 30, 2022**

**FIRST Day on Menus?**

PROVIDER'S Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Do the days & times in your care vary?

- Not Generally  
 Frequently

Explain: \_\_\_\_\_

Child's First & Last Name <i>PRINT</i>	Date of Birth	Normal Arrival Time	Normal Pick-Up Time	Circle Normal 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	BT Snck		
				Su	M	T	W	Th	F	Sa	Bkfst	AM Snck	Lnch	PM Snck	Dnr	BT Snck		
				Su	M	T	W	Th	F	Sa	Bkfst	AM Snck	Lnch	PM Snck	Dnr	BT Snck		
				Su	M	T	W	Th	F	Sa	Bkfst	AM Snck	Lnch	PM Snck	Dnr	BT 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: (must be iron-fortified & manufactured in USA)

- 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**.  I will **breastfeed onsite** (when available).

**If providing breast milk, check 1 below:**

- I accept above named supplement formula.  
 I will provide supplement formula.

▼ ▼ **SOLID FOODS**— *Complete this section ONLY when your infant is ready for solid foods.* ▼ ▼

I ACCEPT the following solid foods, provided by my provider (appropriately textured), to be served to my infant:

- Iron-fortified Infant Cereal  Grains  Veggies  Fruits  Infant meat/meat alt

I DECLINE the following solid foods, provided by my provider, to be served to my infant. Instead, I WILL PROVIDE (check all which may apply):

- Iron-fortified Infant Cereal  Grains  Veggies  Fruits  Infant meat/meat alt

**PRINT NAME** Parent/Guardian First & Last Name

Address \_\_\_\_\_, Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home/Cell Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_

Work Place \_\_\_\_\_

Parent's Signature X \_\_\_\_\_

Date \_\_\_\_\_