

Child & Adult Care Food Program (CACFP) ENROLLMENT FORM

October 1, 2024 - September 30, 2025

FIRST Day on Menus?

Do the days & times in your care vary?

- Not Generally
- Frequently

Explain:

Phone _____

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

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			

* 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 if 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 ABOVE (PARENT/GUARDIAN FIRST & LAST NAME)

Address _____ Apt # _____

City, State, Zip _____

Home # _____ Cell Ph# _____

Work Place _____

Email Address _____

Parent/Guardian Signature X _____

Date _____

10/1/24 USDA is an equal opportunity provider.