

DCC
8853 LONG
LENEXA,
KS 66215

Child & Adult Care Food Program (CACFP) ENROLLMENT FORM

OCTOBER 1ST, 2026-
SEPTEMBER 30TH, 2027



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 program.

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

Child's First & Last Name <u>PRINT</u>	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's provider: (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

PARENT/GUARDIAN INFO: PLEASE GIVE ALL INFO!

NAME **PRINTED** _____

Address _____ Apt # _____

City, State, Zip _____

Home # _____ Cell Ph# _____

Work Place _____

Email Address _____

Parent/Guardian Signature X _____

Date/CHILD CANNOT BE CLAIMED BEFORE THE DATE BELOW:

X _____