

# CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_ NEW

\_\_\_\_ UPDATE/RENEWAL



Dear Parent/Guardian:

By completion of this document, you are enrolling your child in the Child and Adult Care Food Program that is Sponsored by Children & Families First. The CACFP is a federally funded program under the USDA which extends the National School Lunch Program to children in family child care homes. Your provider has chosen to participate in this program, and agrees to follow the guidelines and regulations mandated by the program. In return, your provider is reimbursed a meal rate to help with the cost of serving nutritious meals to all children in her/his care.

<p><b>Participating Child</b> _____</p> <p><b>Enrollment Date</b> ____/____/____</p> <p><b>Date of Birth</b> ____/____/____    <b>Age</b> _____    <b>Sex</b> M   F</p> <p><b>Normal Hours in Care:</b> from _____ to _____</p> <p><b>Normal Days of Care:</b> M   T   W   T   F   Sat   Sun</p> <p><b>Normal Meals Expected served daily in Care:</b></p> <p>Breakfast   Am Snack   Lunch   Pm Snack   Supper   Eve Snack</p>	<p><b>Name of School/PS/HS</b> _____</p> <p>Leaves for school _____ Return from school _____</p> <p><b>Racial/Ethnic Data:</b> Please mark one of the following ethnic identities: <input type="checkbox"/> Hispanic or Latino   <input type="checkbox"/> Not Hispanic or Latino</p> <p>Please mark one or more of the following racial identities: <input type="checkbox"/> American Indian or Alaska Native   <input type="checkbox"/> Native Hawaiian or Other Pacific Islander   <input type="checkbox"/> Asian   <input type="checkbox"/> Black or African American   <input type="checkbox"/> White</p> <p><small>Race and ethnicity information is requested by the USDA to assure compliance with Title IV. Collection is strictly for statistical reporting requirements.</small></p>
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**FORMULA OPTION FOR INFANTS**  
(fill in only if you have an infant under 12 months)

**To meet CACFP requirements, your provider offers the formula \_\_\_\_\_ iron fortified formula to infants in his/her care through your infants first year. You as the parent, may choose to accept this formula, or you may choose to supply another type of iron fortified formula and/or solid foods until your infant's first birthday. Check only the options that apply:**

<input type="checkbox"/> parent accepts formula provider offers	<input type="checkbox"/> parent accepts provider's food when developmentally ready
<input type="checkbox"/> parent supplies breast milk	<input type="checkbox"/> parent supplies food when developmentally ready
<input type="checkbox"/> parent supplies formula (please list type) _____	

I understand that my child/children will receive meals at no charge to me when they are in care during any of the scheduled meal services. I have received information which explains the goals of the Child and Adult Care Food Program. I understand that I may be contacted by my providers sponsor, Children & Families First, regarding meals she/he has claimed. If I need to be contacted by phone/mail to update and/or verify this information my contact information is:

Parent/Guardian Contacts    Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_    Cell \_\_\_\_\_

Address \_\_\_\_\_  
(STREET, APT # , CITY, STATE, ZIP)

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardain Signature \_\_\_\_\_    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability or retaliation. If you require this information in alternative format (Braille, Lg. Print, Audio Tape, etc.), contact the USDA's TARGET Center @ 202-720-2600. (voice or TDD). If you require information about this program, activity or facility in a language other than English, contact the USDA Agency responsible for the program or activity, or any USDA office. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call, toll free, 866-632-9992 (V). TDD users can contact USDA through local relay or the Federal Relay @ 800-877-8339 (TDD) or 866-377-8642 (relay voice users). USDA is an equal opportunity provider and employer.