**Child and Adult Care Food Program**

**ENROLLMENT FORM**

(to be completed only by the parent or guardian)

For enrollment in the CACFP of:

 DAY CARE PROVIDER

I wish to enroll my child/children whose names and enrollment information are given below, in the CACFP, which reimburses day care providers for serving nutritious, well-balanced meals to day care children.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Birthdate** | **Normal Hours****in Care** | **Meals Normally Received****(Mark X)** |
| From | To | Break-fast | A.M. Snack | Lunch | P.M. Snack | Supper | Evening Snack |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |

Circle normal days in care: Mon Tues Wed Thurs Fri Sat Sun

Does this child have a disability, food allergies or other special dietary requirements? [ ]  Yes [ ]  No (If yes, check with your provider about the information to attach to this form.)

Is this child under 12 months old and on special formula because of doctor’s orders? [ ]  Yes [ ]  No (We must have a signed

 doctor’s form on file.)

**If this child is under 12 months old, a formula option must be indicated below.**

**Be sure to enter the name of the formula being offered.**

The options for my infant have been explained. I have indicated my choice(s) below:

     1) I will accept the formula my provider offers, which is:

     2) I will supply my own breast milk.

     3) I will supply the formula of my choice which is:       and allow the provider to supply the foods.

     4) I will supply the formula which is       and foods.

     5) I will supply the specialized formula prescribed by my doctor, which is       . (We must have a signed doctor’s form on file.)

I understand my child/children will receive meals at no extra charge to me when in care during any of the scheduled meal services. I understand that the day care home cannot and will not discriminate for reasons of race, color, national origin, sex, age, or disability. I understand that I may be contacted by the sponsor regarding meals claimed by the provider for my child. If I need to be contacted by phone to update and/or verify this information at any time, I would prefer being called at: [ ]  Work [ ]  Home

|  |  |  |
| --- | --- | --- |
| Parent’s Name (print)      |  | Home Telephone Number(      )       |
| Parent’s Signature Date      |  | Work Telephone Number(      )       |
| Address      |  | Start Date      |
|  |  |

**Ethnic and Racial Categories (You are not required to answer this.)**

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

**Ethnicity: Race:**

[ ]  Hispanic or Latino [ ]  White [ ]  American Indian or Alaskan Native

[ ]  Not Hispanic or Latino [ ]  Black or African American [ ]  Native Hawaiian or Other Pacific Islander

 [ ]  Asian [ ]  Multi-Racial

**Confidentiality**

The information you provide will be treated confidentially and will be used only for eligibility determination and verification of data for CACFP purposes.