

CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution:

Sponsor ID Number:

Name of Facility:

Child's Name:

Birthdate:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (✓) the meals your child normally receives while in care.	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____	Breakfast____ AM snack____ Lunch____ PM snack____ Supper____ Night snack____
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<u>Infant Formula</u> This facility will provide the following iron-fortified infant formula: _____ Check here to accept: ☐ Check here to decline: ☐ Provide name of parent-provided formula: _____
<u>Infant Meals and Snacks</u> Check here to accept: ☐ Check here to decline: ☐

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian:

Phone Number:

Signature of parent/guardian:

Date:

This institution is an equal opportunity provider.