

_____ participates in CACFP with _____
 Complete Name of Day Care Center or Day Home Provider

The following enrollment information is required because your child participates in Child & Adult Care Food Program.

Enroll Date: _____ Withdrawal Date: _____

Last Name	First Name	Date of Birth	Time in Care Begin - End	Residential child ² (check if live with provider)	Indicate Child's Normal Days of Care (circle)	Indicates Normal Meals Child Receives ¹ (circle)
			-		M Tu W Th F S Su	B AM L PM S Ev
			-		M Tu W Th F S Su	B AM L PM S Ev
			-		M Tu W Th F S Su	B AM L PM S Ev
			-		M Tu W Th F S Su	B AM L PM S Ev
			-		M Tu W Th F S Su	B AM L PM S Ev

¹B – Breakfast AM – AM snack L – Lunch PM – Afternoon Snack S – Supper EV – Evening Snack ² Only Day Home Providers

School Age children normal times: Leave for school: _____ Return from School: _____

Civil Rights statistical Report: This information is used for statistical reports only to be sure everyone receive meals fairly and without discrimination:

Ethnic Category: Hispanic or Latino _____ Not Hispanic or Latino _____

Racial Category: _____ American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander _____ White _____ Asian _____ Black or African American

You must complete this entire section if the child is under 1 year old.

Brand of iron-Fortified infant formula (IFIF) offered by Day Care Center /Day Home Provider: _____

Low or non-iron fortified infant formula from provider or parent requires a doctor's statement.
 The IFIF/Breast Milk & Food Options have been explained, parent has reviewed infant and CACFP information given on this form, and the parent has chosen:

Choose ONE IFIF/Breast Milk Option:

_____ Day Care Center/Provider supplies IFIF _____ Parent supplies Breast Milk in
 (parents accepts or IFIF brand above) space below or IFIF

_____ Brand of iron-fortified formula (IFIF) *from parent*
 (write name of formula)

Choose ONE Infant Foods Option:

_____ Day Care Center/Provider supplies supplemental _____ Parent supplies supplemental
 foods when developmentally appropriate foods & refuse the day care centers/
 providers foods

Day Care Center/Provider has provided me with a copy of:

☒ Building Better Future Brochure ☒ Income Eligibility Letter ☒ WIC Info

Breast Milk and Iron-Fortified Infant (IFIF)

Your day care center is required to offer Iron-Fortified Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's need. You may choose to supply breast milk or formula for your infant.

If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff.

If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula you will be supplying in the space provided on the front of this form and mark the "parent supplies breast milk or IFIF" option on the front of this form. If the formula you provide is low-iron fortified, non-iron fortified, or specialty formula, a medical statement is required.

Note to parents who receive formula through the WIC program:

Your infant is eligible to receive formula to use when in child care. If you decided that your infant will use the formula from the WIC program at this child care facility, on the front of this form mark the "parent supplies breast milk or IFIF" option and write the brand name of the WIC formula in the space provided. If you find that you are getting more formula than your infant needs, you should contact your WIC nutritionist.

Supplemental Foods

When your infant is six (6) months old or older and is developmentally ready for baby food, your day care center is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by USDA. These foods will include iron-fortified cereal, fruits, vegetables, meats and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplemental foods and refusing the provider's supplemental foods. Please indicate your choice in the infant section on the front of this form

Print/Guardian Parent Complete Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Address _____

City _____ TX Zip _____ Email address: _____

Work Tel _____ Alternate Tel _____