Revised June 2026

Iowa Child and Adult Care Food Program (CACFP) Enrollment Form (Effective Fiscal Year)

Child Care Provider's Name______________________________ Site Number________

Your child is enrolled in a child care home participating in the USDA Child and Adult Care Food Program (CACFP), sponsored by ______________________. This provider follows USDA meal pattern requirements for meals and snacks served to children of all ages in child care. Reimbursement is paid for meals and snacks served when CACFP requirements have been met. CACFP requires parents/guardians to complete the enrollment form annually. Copies of the completed form will be maintained by the provider and Home Sponsor, and will be treated in a confidential manner.

Place **X** before the names of any children listed below who are **FOSTER** children.	**SA (School Age)** = Kindergarten – 12 years **HMS**=Home Schooled	**Ethnicity (Select one):** **H**=Hispanic/Latino OR **N**=Not Hispanic or Latino **Race (Select one or more):** **A**=Asian **B**=Black or African American **I**=American Indian or Alaska Native **P**=Native Hawaiian or other Pacific Islander **W**=White (*Voluntary – This information is requested by the Federal Government to monitor compliance with Civil Rights law. You are not required to complete this information but are encouraged to do so. The law requires providers not to discriminate whether the form is completed or on the basis of the information provided.)	**B**=Breakfast **A**=AM Snack **L**=Lunch **P**=PM Snack **S**=Supper **E**=Evening Snack

	Last Name, First Name	Gender	Birthdate: (mm/dd/yyyy)	Age	School	(Voluntary*) Ethnicity & Race	Circle All Normal Days in Care	Normal Hours in Care In/Out Times (include split shift times)	Circle All Meals Normally Received when in Care	Status (FT=Full-time, PT=Part-time)
☐	____________	☐M☐F	________	____	☐SA☐HMS	___ – ___	☐M☐T☐W☐Th☐F☐S☐S ☐ Days in care vary	____________ ☐ Hours in care vary	☐B☐A☐L☐P☐S☐E	☐FT☐PT☐Drop-in
☐	____________	☐M☐F	________	____	☐SA☐HMS	___ – ___	☐M☐T☐W☐Th☐F☐S☐S ☐ Days in care vary	____________ ☐ Hours in care vary	☐B☐A☐L☐P☐S☐E	☐FT☐PT☐Drop-in
☐	____________	☐M☐F	________	____	☐SA☐HMS	___ – ___	☐M☐T☐W☐Th☐F☐S☐S ☐ Days in care vary	____________ ☐ Hours in care vary	☐B☐A☐L☐P☐S☐E	☐FT☐PT☐Drop-in
☐	____________	☐M☐F	________	____	☐SA☐HMS	___ – ___	☐M☐T☐W☐Th☐F☐S☐S ☐ Days in care vary	____________ ☐ Hours in care vary	☐B☐A☐L☐P☐S☐E	☐FT☐PT☐Drop-in

(List additional children on a separate page.)

My child's(ren's) beginning date of care in this child care home: __________ (mm/dd/yyyy). My child(ren) attends (name of school(s)) ______________________.

Infants only (0 to 12 months): ☐ **I am not enrolling an infant for child care (skip this section).**

Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant.
Providers are **required** to offer at least one iron-fortified infant formula. You are not required to provide your infant's food or formula.

Please mark (X) your choice(s) below:

- _____ I will provide breastmilk for my infant. Formula may be used to supplement feedings if necessary: Yes ☐ No ☐
- _____ I would like to breastfeed my infant at the child care home if this option is available [1]: Identify approximate time(s): ______________________
- _____ I accept the provider's iron-fortified formula for my infant. Name of the iron-fortified formula: ______________________ (must be completed by provider).
- _____ I will provide formula for my infant (must be iron-fortified and manufactured in USA with limited exceptions). Name of formula: ______________________
- _____ I will submit a Diet Modification Request Form for a non-reimbursable formula. Name of formula: ______________________
- _____ I accept provider's solid foods (appropriately textured) to be served when my infant is developmentally ready for solid foods and after I have discussed this with the provider.
- _____ I will provide solid foods for my infant [2]. The home provider may supplement with additional solid foods when my infant needs them: Yes ☐ No ☐

[1] Ask if you can breastfeed your infant in the child care home. The provider may be reimbursed for a meal if you come to the child care home to breastfeed your infant.
[2] Parents may provide no more than one required meal component for the provider to claim the meal for reimbursement. The CACFP Infant Meal Pattern and Creditable Foods for Infants documents are available upon request.

Parents may be asked to complete and sign an attendance record when child attends child care during evening/overnight, weekend and/or holiday hours. Parents may also be contacted by the CACFP Home Sponsor to complete a household contact form as part of Program integrity auditing.

______________________ Parent/Guardian's Signature

______________________ Parent/Guardian's Printed Name

__________ Date Signed

______________________ Parent/Guardian's Home Address (including Street, Town, State and Zip Code)

______________________ Parent/Guardian's Email Address (optional)

__________ Home Phone # and/or Cell #

Comments:

This Institution is an equal opportunity provider.