CHILD CACFP ENROLLMENT FORM

This form must be updated annually

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Child Care Center or Provider Name

NAME OF CHILD Last, First PLEASE PRINT	BIRTH DATE (Mo/Day/Yr)	NORMAL HOURS IN CARE	Indicate Normal Days in Care on Normal Week / Normal Meals* while in Care.: *B = Breakfast l A = AM Snack l L = Lunch l P = PM Snack l S = Supper l E = Evening Snack						
		to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E
		to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E
		to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E
		to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E
		to	Mon ☐B ☐A ☐L ☐P ☐S ☐E	Tues ☐B ☐A ☐L ☐P ☐S ☐E	Weds ☐B ☐A ☐L ☐P ☐S ☐E	Thurs ☐B ☐A ☐L ☐P ☐S ☐E	Fri ☐B ☐A ☐L ☐P ☐S ☐E	Sat ☐B ☐A ☐L ☐P ☐S ☐E	Sun ☐B ☐A ☐L ☐P ☐S ☐E

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services.

Parent Signature: ______________________________ Date: ______________

Parent(s) Name(s): ______________________________

Parent Address :______________________________

Phone Number: ______________________ Email Address: ______________________

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Infant Feeding Preferences

Complete only if you have children under 12 months old. (Check all that apply, Prefenences may be updated at any time)

☐ I will provide breastmilk for my infant.

☐ I will provide iron-fortified formula. Formula brand: ______________________

☐ I want the site to supply iron-fortified formula. Formula brand: ______________________

☐ I will provide solid food for my infant once they are developmentally-ready to eat them.

☐ I want the center or provider to supply solid foods for my infant once they are developmentally-ready to eat them.

When infant is developmentally-ready to eat solid foods and the parent elects to supply both the iron-fortified formula/ breastmilk and the solid foods, the daycare program will no longer receive reimbursement for the child's meals until the child's first birthday and is particating as a toddler.

Race/Ethnic Identity: You are not required to answer these questions. (Please check all that apply)

☐ Hispanic or Latino ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Not Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White

This institution is an equal opportunity provider.