

Child & Adult Care Food Program · Enrollment Form

SECTION A

Provider's Name: _____

Section B

(COMPLETED BY PARENT/GUARDIAN)

Note to Parents/Guardians: Your child(ren) is enrolled for care at a family day care home that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the provider is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the provider is required to have parents complete enrollment information annually for each child enrolled for care.

Check one of the boxes below. If this is the initial enrollment, enter the first day of care (effective date).

Initial Enrollment for this family (For new families only) "OR" Annual Update for this family
 _____ effective date for family

Enter your child (ren)'s information here:

Print <u>F</u> irst and <u>L</u> ast Name	Date of Birth	Times of Care		Regular Days of Care					Meals Served During Care							
		Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn

Additional information Required:

Y	N	Check "Y" - Yes and "N" - No
		Does the child(ren)'s schedule vary?
		Is the child(ren) related to Provider? (If yes, how?)

Both are required and must be filled out.	
Ethnicity	Race
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other:

Printed Parent/Guardian First and Last Name _____
 Home Mailing Address or email address _____
 Home City, State, Zip _____
 Home Phone _____ Work Phone _____

Parent or Guardian's Signature _____
 Today's Date _____

Section C

(COMPLETED BY PARENT/GUARDIAN)

Complete this section only if your child is Under 12 months of Age

As a participant in a USDA Child Nutrition Program, our childcare provider offers meals to children of all ages, including infants. Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods are served appropriate for the age and developmental readiness of your infant. To better meet your personal preferences and infant's needs, you may choose as many options as you like from the list below and updates as your infants' feeding needs progress. A new infant offer form is not required when changes are made; however, whenever changes are made please initial and date the changes.

Formula Offered by Provider:		Solids: Check all that apply	
Breastmilk and Formula Options: Check all that apply		Provider Offers <input type="checkbox"/> I accept the Provider to offer Solid Foods (appropriately textured) to my infant as s/he is developmentally ready for them and this was discussed with the Provider.	<input type="checkbox"/> Iron Fortified Infant Cereal <input type="checkbox"/> Grains <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Infant Meats/Meat Alternates
<input type="checkbox"/> I accept the provider's Formula listed above <input type="checkbox"/> Provider will supply formula to supplement with when necessary	<input type="checkbox"/> I will provide breastmilk for my infant <input type="checkbox"/> I would like to breastfeed on site if available		Parent Provided <input type="checkbox"/> I decline all infant foods offered by the Provider and will provide solid foods for my infant.
<input type="checkbox"/> I will provide the iron fortified formula for my infant <small>Manufactured in the USA</small> Name of Formula: _____ <input type="checkbox"/> I will submit a Meal Modification Form non-reimbursable formula Name of Formula: _____			

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.