

Child Food Program of Texas CE: 02058 CHILD ENROLLMENT FORM

IMPORTANT NOTICE: Your daycare facility participates in the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participants will receive nutritious meals and snacks at no cost to you. This form must be completed by a parent or guardian at the time of enrollment and must be updated yearly. Failure to complete the enrollment form will result in non-payment for this child's meal.

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

Sex Male Female Food Allergies: Yes No If "yes", specify: _____ **A doctor's note must be provided.**

Days Normally in Care: Sunday Monday Tuesday Wednesday Thursday Friday Saturday **Original**

Meals/Snacks Normally Served: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack **Start Date:** _____

Arrival and Departure Times: **Arrive** _____ AM PM **Depart** _____ AM PM **Withdrawn Date:** _____

RACE OF CHILD: You are NOT required to answer this question:

White Black or African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question: Hispanic or Latino Not Hispanic or Latino

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

Sex Male Female Food Allergies: Yes No If "yes", specify: _____ **A doctor's note must be provided.**

Days Normally in Care: Sunday Monday Tuesday Wednesday Thursday Friday Saturday **Original**

Meals/Snacks Normally Served: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack **Start Date:** _____

Arrival and Departure Times: **Arrive** _____ AM PM **Depart** _____ AM PM **Withdrawn Date:** _____

RACE OF CHILD: You are NOT required to answer this question:

White Black or African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question: Hispanic or Latino Not Hispanic or Latino

Infant Decline Statement

Kirkland Infant Formula w/ Iron is the formula this facility offers for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by this facility must be in compliance with the infant meal pattern.
To be completed by facility

Please make your preferences

_____ **Today's Date**

I will bring expressed breastmilk for my infant:
 Birth - 5 months 6 - 11 months

I want the facility to provide the infant formula for my infant:
 Birth - 5 months 6 - 11 months

I will bring the following for my infant:
 Birth - 5 months 6 - 11 months

Please mark your preferences for 6-11 months old

_____ **Today's Date**

I want the facility to provide the infant cereal and other foods for my infant:
 Yes No

I will bring the infant cereal and/or other foods for my infant:
 Yes No

Parent Formula Name: _____

I certify that I have received the following: (1) WIC Flyer, (2) "Building for the Future", (3) a Parent Letter, (4) Income Eligibility Guidelines, (5) Income Eligibility Qualifying Form, (6) TDA's Directions on Filling out the Income Eligibility Form, (7) a blank copy of the Child Enrollment Form, (8) CACFP & Civil Rights Complaint Procedures.

_____ **Address** _____ **Phone Number**

_____ **City** _____ **State** _____ **Zipcode**

_____ **Parent or Guardian's Name - PRINT** _____ **Parent or Guardian's Signature** _____ **Date**