

Center:

Enrollment

Child First Name	Child Last Name	Date of Birth	Hour In	Hour Out	Days In Care	Meals Attending
					MON TUE	breakfast am snack
					WED THR	lunch pm snack
Please Circle (optional): White Black Asian Native Amer Indian Alaska Native Hawaiian or Pacific Islander Hispanic Other			AM AM PM PM		FRI SAT SUN	supper ev snack
Parent/Guardian First Name: Parent/Guardian Last Name:			Date of Enrollment:		Date Dropped:	

Address _____

City, State, Zip _____

Home Phone _____ **Work** _____

Email _____

THIS SECTION MUST BE COMPLETED IF YOUR CHILD IS UNDER 12 MONTHS OLD: THIS CENTER SUPPLIES THE IRON FORTIFIED INFANT FORMULA: _____

Under the policies of the USDA CACFP, the childcare center is required to supply the iron-fortified infant formula of the center's choice. Please select your preferences below:

The center will supply formula	I will bring the breastmilk	I will bring the Iron fortified infant formula listed here: _____ (if this formula is low-iron or non iron fortified a medical statement is necessary.)
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New instructions: *example: change formula to IF Similac* **Today's Date:** Age 0-5 mo ____ Age 6-11 mo ____

Center must update this information as the situation changes, such as a change in the infant's formula or foods. Update in the space provided above.

When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternates as they become developmentally ready to accept according to the Infant Meal Pattern. Please select your food preference:

The center will supply solid foods	I will bring solid foods when my child is developmentally ready to accept
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Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program. This program is sponsored by _____ Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal civil rights law and U.S. Department of Agriculture civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, disability, sex, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a complaint of discrimination, write: USDA, Director, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 fax: 202-690-7442; email: program.intake@usda.gov This institution is an equal opportunity provider and employer.

Date of Signature
Signature X