

Institution Name: Beyond Meals, Inc.

CE ID: 06388



# Enrollment Form

<b>New</b> <input type="checkbox"/>	<b>Update</b> <input type="checkbox"/>	
<b>Center Name</b> _____		<b>Site ID:</b> _____

This Facility participates in the U.S. Dept of Agriculture **Child and Adult Care Food Program (CACFP)**. The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the Parent / Guardian section in this form, sign and return to the above Facility / Center. Provide information for one participant per section.

<b>Participant / Child Name</b> _____		<b>Date of Birth:</b> _____		<b>Age</b> _____				
<b>Sex:</b> M ___ F ___	<b>Date of enrollment</b> _____	<b>Class room:</b> _____			<b>Withdraw Date:</b> _____			
<b>Circle the days that your child will normally attend the center:</b>		Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Circle the meals normally served to your child in the center:</b>		Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
<b>List the normal times of Arrival and Departure:</b>		_____ To _____		<b>Food Allergies:</b> YES NO If YES, Please specify:				
<b>Race of Participant (choose one or more):</b>	White <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>		American Indian / Alaska Native <input type="checkbox"/>		Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	
	<b>Participant's ethnic Identity</b> Hispanic or Latino <input type="checkbox"/>			Not Hispanic or Latino <input type="checkbox"/>				

**If participant is an infant (0 – 11 months), please complete this box, Check all applicable choices below:**

This Facility offers _____ formula for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.		
Please mark your preference (choose all that apply)	<u>Today's date</u> Birth – 5 Months	<u>Today's date</u> 6 – 11 Months
I will bring expressed breast milk for my infant:		
I want the center to provide the Infant formula for my infant		
I will bring the infant formula for my infant. It is the following brand:		
According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.	Please mark your preference	<u>Today's date</u> 6 – 11 Months
	I want the center to provide the Infant cereal and other foods for my infant	
	I will bring the infant cereal and/or other foods for my infant	

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility form, letter to Household, WIC information, Building for the Future Flyers, Civil Rights Stmt.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/ Zipcode:** \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA

