NEW YORK STATE DEPARTMENT OF HEALTH
Child and Adult Care Food Program

PLEASE PRINT

Child Enrollment Form for Day Care Homes

Parent or Guardian completes form CACFP#_____ Child Start Day_____

Onsite Provider Name: _____

Provider Address: _____

Child's Name_____ Child #_____ DOB_____ ☐ Male ☐ Female

Child's Name_____ Child #_____ DOB_____ ☐ Male ☐ Female

Child(ren)'s Ethnic Information *(Choose one option per child)*
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Child(ren)'s Racial Information *(Choose one option per child)*
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Black or African American

Primary language spoken at home_____

Check if any of these apply
☐ Provider's Resident Child ☐ Child is related to Provider ☐ Child of Migrant Farm Worker ☐ Special Needs ☐ Foster Child

HOURS/DAYS/MEALS

Time Care Begins_____ Time Care Ends _____

Days child normally receives care
☐ Mon-Fri *OR* ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Meals Child normally receives in care ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ LN Snack

Holiday and/or Weekend Care ☐ Yes ☐ No Time Care Begins_____ Time Care Ends_____

Does child(ren) attend school ☐ Yes ☐ No Name of School _____

Does child receive care on non-school days? ☐ Yes ☐ No

INFANT FEEDING STATEMENT *(must be completed for any child less than one year of age)*
- ☐ The Parent will supply breastmilk or formula
- ☐ The Parent will supply ALL infant's food
- ☐ The Provider will supply formula
- ☐ The Provider will supply infant's food

CONTACT INFORMATION FOR PARENT/GUARDIAN – to be completed by Parent/Guardian

Parent/Guardian's Name _____

Home Address : _____ Apt. City: ZipCode:

Home Phone Number _____ Work/Cell Phone Number_____

Parent/Guardian Signature _____ Date _____

FOR SPONSOR USE ONLY

Date Enrollment Begins _____ Date Enrollment Expires_____ Child Enrollment Approved _____
INITIALS

Emergency Placement_____
PROVIDER NAME

USDA is an equal opportunity provider and employer.

White: Sponsor Yellow: Provider

Revised by TMDCC 9/1/16