

# Contact Info

Child's name and DOB: \_\_\_\_\_

Mom's name: \_\_\_\_\_

Mom's cell: \_\_\_\_\_

Workplace and phone number: \_\_\_\_\_

\_\_\_\_\_

Mom's email: \_\_\_\_\_

Dad's name: \_\_\_\_\_

Dad's cell: \_\_\_\_\_

Workplace and phone number: \_\_\_\_\_

\_\_\_\_\_

Dad's email: \_\_\_\_\_

## Enrollment Checklist

- Contact Info
- State Admission Information
- Parent Handbook- Enrollment Policies, Operational Policies, Health and Medical Procedures, Safe Sleep Policy, Emergency Plan
- Parental Agreement
- Discipline and Guidance Policy
- Vaccine Records
- Pediatrician Letter
- Food Program enrollment
- Receipt of CACFP info (Food Program info on Website)

**PARENTAL AGREEMENT**

1. I have received a copy of the Parent Handbook which includes all TeaTime Tot's Policies and Procedures
2. I consent to all the Policies and Procedures, which includes the Discipline and Guidance Policy and Safe Sleep Procedure for infants.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send original to Red River. Retain one copy for your records. Second copy to parent.



# RED RIVER CHILD CARE FOOD PROGRAM HOME ENROLLMENT FORM

Dear Parent,

You have placed your child/children in a registered/licensed family day care home. The caregiver of this home participates in the USDA Child Care Food Program sponsored by the Red River Child Care Food Program, Inc., which is funded by the United States Department of Agriculture.

As a participant, your day care home provider has agreed to follow USDA minimum standards in the planning and serving of meals to the children in the day care program.

Your provider has also agreed to serve children regardless of race, color, national origin, sex, handicap, age, religion or political belief. If you have been discriminated against, you may write to the Secretary of Agriculture, Washington, D.C. 20250, or to Director, Civil Rights Division, TDHS, P.O. 149030, Mail Code W-106, Austin, Tx. 78714-9030. You, as a parent, should be assured that your child will be fed nutritionally sound meals which promote good physical growth and development.

Your day care provider is required to provide Red River Child Care Food Program with verification of enrollment for the children in the day care food program. Please complete the information requested below and return this form promptly to your day care provider. Throughout the year, our office may call parents to verify hours of care and meals served to your child. We do this to ensure proper use of funds, We appreciate your cooperation.

Child Number	Child's Name	Date of Birth	Date of Enrollment	Date of Withdrawal
_____	_____	___/___/___	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___	___/___/___

Day Care Provider: \_\_\_\_\_ County: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Days of Day Care: \_\_\_\_\_ Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm

Sat./Sun. I Work At: \_\_\_\_\_ Hours: \_\_\_\_\_ Phone: \_\_\_\_\_

Meals My Child Will Eat At Day Care:  BR  AM  LU  PM  SU  EV

*I hereby certify that the information given on this sheet is true and correct to the best of my knowlege.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ethnic Data (RRJIMENR)  B  W  SP  Other (Specify): \_\_\_\_\_

## CACFP INFANT FEEDING PREFERENCE – PROVIDERS

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

\_\_\_\_\_ will feed your infant breast milk provided by you and/or we will provide iron fortified infant formula.  
(Name of provider)

The infant formula provided by this provider is: \_\_\_\_\_

This provider participates in the Child and Adult Care Food Program (CACFP) and received USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires providers to follow specific meal patterns according to the age of the infant.

Providers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents/guardians may decline the infant formula offered by provider, and supply the infant's formula.

Parents/Guardians complete the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	Birth through 5 months	6 months through 11 months
I will bring expressed breast milk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	Today's Date	Today's Date
	Birth through 5 months	6 month through 11 months
I want the provider to provide the infant cereal and other foods for my infant.		
I will bring the infant cereal and /or other foods for my infant.		

Parent/or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

1. This form should be kept on file for each infant enrolled for child care. A copy must be sent to sponsor.
2. This form should be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent/guardian decline the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent/guardian declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

# What My New Caregivers Should Know About Me!

My name is \_\_\_\_\_ My birthday is \_\_\_\_\_

## I like to drink:

Type of formula: \_\_\_\_\_

Warmed? \_\_\_\_\_ Special instructions: \_\_\_\_\_

\_\_\_\_\_

Feeding Schedule: \_\_\_\_\_

Type of Juice: \_\_\_\_\_

## I like to eat:

Cereal: \_\_\_\_\_

Meat(s): \_\_\_\_\_

Vegetables(s): \_\_\_\_\_

Fruit(s): \_\_\_\_\_

## Be careful, I'm allergic to...

Food: \_\_\_\_\_

Skin: \_\_\_\_\_

Other: \_\_\_\_\_

## Skin care notes:

\_\_\_\_\_

## My nap schedule is:

\_\_\_\_\_

\_\_\_\_\_

## My favorite toy and games are:

\_\_\_\_\_

Things that comfort me: \_\_\_\_\_

Other important things everyone who cares for me should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please, let us know when changes occur with your baby, so that we can update this list.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_