






Polk County Community, Family & Youth Services
Child and Adult Care Food Program
Enrollment Update Form






*****USE THIS FORM FOR CHANGES ONLY*****
(PLEASE FILL OUT ALL ITEMS WITH AN  IT IS REQUIRED).

Dear Parent; use this form to update the current enrollment on file at CACFP office. Check with your provider for current information. Fill in only new information or information you wish to change.




If there is no changes please fill out all items marked with an  it is required.

 **Effective Date:** _____  **Name of caregiver:** _____

 Parent First Name _____  Parent Last Name _____

 Parent Address _____ City _____ Zip _____ Home Phone# _____ Work Phone # _____

 **Child Information:**

 Child Name	 Birth date	 Age	Starting Kindergarten

Drop Off Time: _____ Pickup Time: _____ School Drop off Time: _____ School Pickup Time: _____

PLEASE MARK ALL OF THE BOX(S) THAT APPLY - MY CHILD/REN ATTEND ON THE FOLLOWING:

- Monday Tuesday Wednesday Thursday Friday
- Weekend Care** Sunday Saturday Both

How often in care on weekends? (Mark The Number of Times Per Month)

- Once a month Twice a month Three times a month Four times a month Never

MARK THE MEALS SERVED TO YOUR CHILD/REN:

- Breakfast AM Snack Lunch PM Snack Supper

Infant Food Choices: (The care giver must offer a formula of her choice to all parents of infants. You can accept the formula or decline the formula offered by the care giver and provide a different formula or Breastmilk.)

Iron fortified infant formula offered by the Care Giver: _____

I accept the formula offered by the Care Giver

I will provide my own Breastmilk or formula Brand Name of formula: _____

I will provide infant food for my baby when my baby is ready for solid foods

The care giver will provide infant food when I tell her my baby is ready for solid foods

 Parent Signature _____

_____ Date