

Child and Adult Care Food Program Enrollment Verification
Effective Fiscal Year October 1, _____ through September 30, _____

Child Care Provider's Name _____ and Address _____

PLEASE NOTE: It is a requirement that the PARENT/GUARDIAN (not the provider) completes all of the following information unless the provider is the parent/guardian.

*Parents of infants under age 1 are asked to also complete the gray-shaded boxed in area below.
This CACFP provider offers to supply the following approved Iron-Fortified formula to infants in care: _____.

SA=Kindergarten - age 12 HS=Head Start HMS=Home Schooled PS=Preschool/PreK	Ethnicity: H=Hispanic/Latino OR N=Non Hispanic or Latino & Race: A=Asian B=Black or African American I=American Indian or Alaska Native P=Native Hawaiian or other Pacific Islander W=White	B=Breakfast Ms=Morning Snack L=Lunch As=Afternoon Snack S=Supper Es=Evening Snack
---	---	--

Child's First AND Last Name:	Sex:	Birth Date:	Age:	School Information:	(Voluntary*) Ethnicity & Race:	Circle All Normal Days in Care:	List Hours in Care as In/Out Times (including split shift):	Circle All Meals Normally Eaten in Care:
_____	M F	_____	___	SA HMS HS PS	_____ & _____	S M T W Th F S	_____	B Ms L As S Es
_____	M F	_____	___	SA HMS HS PS	_____ & _____	S M T W Th F S	_____	B Ms L As S Es
_____	M F	_____	___	SA HMS HS PS	_____ & _____	S M T W Th F S	_____	B Ms L As S Es
_____	M F	_____	___	SA HMS HS PS	_____ & _____	S M T W Th F S	_____	B Ms L As S Es
_____	M F	_____	___	SA HMS HS PS	_____ & _____	S M T W Th F S	_____	B Ms L As S Es

The above children are: ___ full-time OR ___ part-time OR ___ drop-in, beginning on the **effective** date of _____ and reside in _____ school district.

***Completion of the ethnicity & race information is voluntary. If not completed, the Provider or Home Sponsor will make the determination of your child's ethnic and racial status.**

***Parents of infants under age 1—Please read and complete the following if you are enrolling your infant in this child care home:**

Providers on the Child and Adult Care Food Program must provide nutritious meals and snacks, within USDA guidelines, to the children in their care and are paid for meals/snacks served. Providers who care for infants are **required** to offer to serve at least one USDA-approved iron-fortified infant formula to the infants in their care. As a parent of an infant, you have the option of allowing your infant to be served the provider's formula or supplying your choice of another approved iron-fortified brand or breast milk. If parents supply iron-fortified formula or breast milk, providers may be paid for meals or snacks for the infant through 3 months. If parents continue to supply formula or breast milk after age 3 months, providers must supply at least one optional or required food when infants are ready for solids, in order to receive payment for those meals or snacks. Documentation of your choice(s) below verifies this provider's compliance of non-discrimination when feeding of infants in this CACFP home:

Parents, please check all the applicable statements below that apply concerning your choice(s) for your infant:

FORMULA OPTIONS:

- My infant is fed breast milk only.
- I will supply the following brand of iron-fortified formula for my infant: _____
- I accept the iron-fortified formula supplied by the provider for my infant.

FOOD OPTIONS:

- I will supply additional food s when my infant is ready.
- This provider will supply optional or required foods, after age 3 months (when my infant is ready for solid foods) even if I choose to begin or to continue supplying formula or breast milk.

Note: Parents must submit a medical statement if infants are on a low-iron formula, non-approved formula, whole milk before 1 year of age or there are any other special food-related exclusions or conditions.

The USDA Child and Adult Care Food Program is locally sponsored by a non-profit agency. The state-registered participating providers are paid for meals and snacks served to the children in their care, when meeting all Program guidelines. Parents may be contacted by this sponsor as part of Program integrity auditing or clarification purposes.

Parent/Guardian's Signature _____

Parent/Guardian's PRINTED Name _____

Date Signed _____

Parent/Guardian's COMPLETE Home Address INCLUDING Street, Town, State and Zip Code _____

Parent/Guardian's Email Address _____

Home Phone # and/or Cell # _____

Parent/Guardian's COMPLETE Work Address INCLUDING Company Name, Street, Town, State and Zip Code (Parents will not be contacted at work unless absolutely necessary.) _____ Work Phone # _____

Comments:

"This institution is an equal opportunity provider."