Iowa Child and Adult Care Food Program (CACFP) Enrollment Form

Effective Fiscal Year October 1, __________ through September 30, __________

Child Care Provider’s Name ________________________________________ Site Number __________

Your child is enrolled in a day care home participating in the USDA Child and Adult Care Food Program (CACFP), sponsored by Polk County Community Family and Youth Services-CACFP. This provider follows USDA meal pattern requirements for meals and snacks served to children of all ages in child care. Reimbursement is paid for meals and snacks served when CACFP requirements have been met. CACFP requires parents/guardians to complete the enrollment form annually. Copies of the completed form will be maintained by the provider and Home Sponsor, and will be treated in a confidential manner.

Place X before the names of any children listed below who are FOSTER children. SA=Kindergarten – 12 years, HMS=Home Schooled. HMS: Home Schooled

<table>
<thead>
<tr>
<th>Place X</th>
<th>Race</th>
<th>Ethnicity &amp; Race</th>
<th>Circle All Normal Meals Normally Received in Care</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Circle All Normal Meals Normally Received in Care</td>
<td>Status</td>
</tr>
<tr>
<td>M F</td>
<td>SA</td>
<td>DSM</td>
<td>8 S M T W Th F S</td>
<td>FT PT Drop-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M F</td>
<td>SA</td>
<td>DSM</td>
<td>8 S M T W Th F S</td>
<td>FT PT Drop-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Infants only (0 to 12 months): I am not enrolling an infant for child care (skip this section).

Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Providers are required to offer at least one iron-fortified infant formula. You are not required to provide your infant’s food or formula. For the provider to be reimbursed, the parent may supply no more than one food per meal.

Please mark (X) your choice(s) below:

- I will provide breastmilk for my infant. Formula may be used to supplement feedings if necessary: Yes ☐ No ☐
- I would like to breastfeed my infant at the day care home if this option is available*: Yes ☐ No ☐ If yes, identify approximate time(s): _______________________
- I accept the provider’s iron-fortified formula for my infant. Name of the iron-fortified formula: __________________________ (must be completed by provider).
- I will provide formula for my infant (must be iron-fortified and manufactured in USA). Name of formula: __________________________
- I will submit a Diet Modification Request Form for a non-reimbursable formula. Name of formula: __________________________
- I accept provider’s solid foods (appropriately textured) to be served when my infant is developmentally ready for solid foods, and after I have discussed with the provider.

* Ask if you can breastfeed your infant in the day care home. The provider may be reimbursed for a meal if you come to the day care home to breastfeed your infant.

Parents may be asked to complete and sign an attendance record when child attends child care during evening/overnight, weekend and/or holiday hours. Parents may also be contacted by the CACFP Home Sponsor to complete a household contact form as part of Program integrity auditing.

Parent/Guardian’s Signature ________________________________________ Parent/Guardian’s Printed Name ________________________ Date Signed __________

Parent/Guardian’s Home Address (including Street, Town, State and Zip Code) ____________________________________________________________

Parent/Guardian’s Email Address (optional) ____________________________ Home Phone # and/or Cell # ____________________________

Comments: ________________________________________________________

USDA is an equal opportunity provider and employer.