



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	Ethnicity: H=Hispanic/Latino OR N=Not 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 (*Voluntary – if not completed, provider and/or Home Sponsor are required to complete based on visual observation.)	B =Breakfast A =Morning Snack L =Lunch P =Afternoon Snack D =Dinner E =Evening Snack
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Last Name, First Name	Sex	Birthdate: (Voluntary*)		School	Ethnicity & Race	Circle All Normal Days in Care		Normal Hours in Care In/Out Times (include split shift times)	Circle All Meals Normally Received in Care					Status (FT=Full-time, PT=Part-time)								
		mm/dd/yyyy	Age			S	M		T	W	Th	F	S	B	A	L	P	D	E	FT	PT	Drop-in
<input type="checkbox"/> _____	M F	_____	___	SA HMS	___-___	S	M	T	W	Th	F	S	_____	B	A	L	P	D	E	FT	PT	Drop-in
<input type="checkbox"/> _____	M F	_____	___	SA HMS	___-___	S	M	T	W	Th	F	S	_____	B	A	L	P	D	E	FT	PT	Drop-in
<input type="checkbox"/> _____	M F	_____	___	SA HMS	___-___	S	M	T	W	Th	F	S	_____	B	A	L	P	D	E	FT	PT	Drop-in
<input type="checkbox"/> _____	M F	_____	___	SA HMS	___-___	S	M	T	W	Th	F	S	_____	B	A	L	P	D	E	FT	PT	Drop-in

(List additional children on a separate page.)

My child's(ren's) beginning date of child care in this day care home: _____ (mm/dd/yyyy). My child(ren) attends (name of school(s)) _____.

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.