



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 (School Age) = Kindergarten - 12 years HMS=Home Schooled. Ethnicity (Select one): H=Hispanic/Latino OR N=Not Hispanic or Latino. Race (Select one or more): A=Asian B=Black or African American I=American Indian or Alaska Native P=Native Hawaiian or other Pacific Islander W=White. (*Voluntary - This information is requested by the Federal Government to monitor compliance with Civil Rights law. You are not required to complete this information but are encouraged to do so. The law requires providers not to discriminate whether the form is completed or on the basis of the information provided. However, if you do not complete this information, the provider or the Home Sponsor will complete ethnicity and race based on other source documents.) B=Breakfast A=AM Snack L=Lunch P=PM Snack S=Supper E=Evening Snack

Table with columns: Last Name, First Name, Gender, Birthdate, Age, School, (Voluntary*) Ethnicity & Race, Circle All Normal Days in Care, Normal Hours in Care In/Out Times (include split shift times), Circle All Meals Normally Received when in Care, Status (FT=Full-time, PT=Part-time). Includes checkboxes for enrollment and meal options.

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. 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 1: 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 this with the provider. I will provide solid foods for my infant 2. The home provider may supplement with additional solid foods when my infant needs them: Yes No.

1 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. 2 Parents may provide no more than one required meal component for the provider to claim the meal for reimbursement. The CACFP Infant Meal Pattern and Creditable Foods for Infants documents are available upon request.

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:

FORM CAN ONLY BE FILLED OUT BY PARENT/GUARDIAN

USDA is an equal opportunity provider and employer.