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:

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Birth date</th>
<th>Age</th>
<th>Kindergarten</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drop                  Pick up                  School Drop                  School Pickup
Off Time: _______     Time: _______          off Time: _______          Time: _______

Please mark all of the box(s) that apply - my child/ren attend on the following:

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] 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 __________________

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

s:/Food Program/ENROLLMENT UPDATE