

## Child and Adult Care Food Program CHILD ENROLLMENT FORM

Child Care Centers/Head Start Programs

\_\_\_\_\_  
CACFP Sponsor Name/Site Name

**TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care. Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

Children's Names	Normal Hours in Care		Normal Meals and Normal Days in Care
	Enter the <u>time</u> your child usually <i>arrives</i> each day.	Enter the <u>time</u> your child usually <i>leaves</i> each day.	
Date of Birth:			<b>Normal Meals While In Care</b> Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last:	_____	_____	
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
			<b>Normal Days of the Week in Attendance</b> Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of Birth:			<b>Normal Meals While In Care</b> Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last:	_____	_____	
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
			<b>Normal Days of the Week in Attendance</b> Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of Birth:			<b>Normal Meals While In Care</b> Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last:	_____	_____	
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
			<b>Normal Days of the Week in Attendance</b> Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of Birth:			<b>Normal Meals While In Care</b> Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last:	_____	_____	
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
			<b>Normal Days of the Week in Attendance</b> Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age**

This center provides Similac Advance/ Gerber Good Start Soy (list brand) iron fortified infant formula.

Check one:  I accept the center provided formula  
 I decline the center provided formula

I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

<b><u>Updates:</u></b> <i>(annual at a minimum)</i>	The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. <i>If there are many changes, please complete a new form.</i>	
First Update	Parent/Guardian Signature	Date
Second Update	Parent/Guardian Signature	Date
Third Update	Parent/Guardian Signature	Date
Fourth Update	Parent/Guardian Signature	Date