NeighborImpact

Child and Adult Care Food Program
CHILD ENROLLMENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN ONLY
The CACFP reimburses child care providers 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.

PROVIDER: _____ **CHILD START DATE:**_____

CHILDREN'S NAMES	NORMAL HOURS IN CARE		Normal Meals and Normal Days in Care
	Enter the **time** your child usually **arrives** each day.	Enter the **time** your child usually **leaves** each day.	
NAME: _____ **DATE OF BIRTH:**	_____ Time ☐ AM ☐ PM	_____ Time ☐ AM ☐ PM	**Normal Meals While in Care** Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ **Normal Days of the Week in Attendance** Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐
NAME: _____ **DATE OF BIRTH:**	_____ Time ☐ AM ☐ PM	_____ Time ☐ AM ☐ PM	**Normal Meals While in Care** Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐ **Normal Days of the Week in Attendance** Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐

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

This provider offers _____(list brand) iron fortified infant formula.

Check one:
☐ I accept the provider formula.
☐ I decline the provider formula and understand that by declining the provider 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 provider to be reimbursed for the meal.
Parent Supplied Formula (list brand) or Breast Milk:_____

RACIAL AND ETHNIC INFORMATION (OPTIONAL):

Mark one ethnic identity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:
☐ Asian
☐ American Indian & Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White, not of Hispanic Origin
☐ Other:_____

Updates: *(annual at a minimum)*

The parent/guardian signing this form certifies that the enrollment form is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initial the change. If there are may changes, please complete a new form.

Parent/Guardian Name (Printed):_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Email Address:_____ **Phone Number:**_____

Parent/Guardian Signature:_____ **Date:**_____

Renewal Date:_____ Parent Signature:_____

Renewal Date:_____ Parent Signature:_____

Renewal Date:_____ Parent Signature:_____

This institution is an equal opportunity provider.