New ☐ Update ☐ Drop In ☐

Center: Enrollment

Date of Current CACFP Enrollment:			Date of Withdrawal:								
Child First Name	Child Last Name	Date of Birth	Days In Care						Meals Attending				
			MON	☐	TUE	☐			BREAKFAST	☐	AM SNACK	☐
Parent/Guardian Name		Arrive	WED	☐	THR	☐			LUNCH	☐	PM SNACK	☐
		AM ☐ PM ☐	FRI	☐					SUPPER	☐	EV SNACK	☐
Address		Depart	SAT	☐	SUN	☐						
City, ST, Zip		AM ☐ PM ☐										
Phone		Race	White	☐	Black	☐	Asian	☐	Other	☐		
Work Phone		Native American Indian ☐	Alaska Native ☐				Hawaiian/Pacific Islander ☐					
Email		Ethnicity	Hispanic ☐				Non-Hispanic ☐					

THIS SECTION MUST BE COMPLETED FOR INFANTS UNDER 12 MONTHS OF AGE

Under the regulations of the USDA CACFP, this center is required to offer an iron-fortified formula of the center's choice.
This center offers this iron-fortified formula:
You may accept or decline the offered formula. Please select your preferences below:

☐ I accept the formula offered by this center.	☐ I decline the formula offered by this center and will bring expressed breast milk.	I decline the formula offered by this center and will bring this formula: This formula is: ☐ Iron-fortified ☐ Low-iron ☐ Iron free (If this formula is low-iron or iron free, I understand a medical statement must be provided to the center.)

Under the regulations of the USDA CACFP, this center is required to offer solid foods such as iron-fortified infant cereal, vegetables, fruits, meat/meat alternates and crackers when an infant is developmentally ready to accept these components as recommended by the American Academy of Pediatrics and as specified in the Infant Meal Pattern. Please select your preferences below:

☐ I accept the solid foods offered by this center	☐ I decline the solid foods offered by this center and will bring the solid foods for my infant

This center is required to update the feeding preferences of the infant as the situation changes as well as within one month of the infant changing age groups. Changes may include a change in the formula or foods. Please update any changes below *(example: change formula to IF Similac; begin feeding IF infant cereal):*

New Instructions:	Today's Date:	☐ My infant is: **0-5 mos**	☐ My infant is: **6-11 mos**

Dear parent, because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program (CACFP). This program is sponsored by .
Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250- 9410; fax: 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

Signature of Parent/Guardian	Date of Signature