



Child Enrollment Form

Provider Name: _____ Provider #: _____ County: _____

Provider Signature: _____ Date: _____

Are you a Minute Menu Kids or KidKare Provider? Yes No

If yes, have you entered the child's data online? Yes No

Parents: Your children are cared for by a child care provider participating in the Child and Adult Care Food Program which reimburses him/her for nutritious meals and snacks served to your child. **Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement,** and they must supply all of the components needed to meet the requirements. In an effort to improve our program, we periodically contact parents to provide input and to verify attendance of their children in this child care home. The following information is necessary for your provider to participate in the program. Please call us at the number above if you have any questions. This institution is an equal opportunity provider.

I decline the meals offered and I will supply all of the food for my child. (Your child will NOT be enrolled in the CACFP. You may change this option at any time and choose to enroll your child in the program.)

CHILD #	CHILD'S FIRST NAME	CHILD'S LAST NAME	BIRTHDAY	SEX

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CHILD'S RELATION TO PROVIDER	ETHNICITY	SCHOOL INFORMATION	SPECIAL INFORMATION
Not Related/ Day Care Child _____	Hispanic/Latino _____ Not Hispanic/Latino _____	AM Kindergarten _____ PM Kindergarten _____	Special Diet _____ (Medical Statement Form Required)
Provider's Own _____	RACE (Check All That Apply)	All-Day Kinder. _____	Special Needs _____ (Documentation Required)
Provider's Foster _____	White _____	School Age _____	
Related	Asian _____	School District: _____	
Non-Resident _____	Pacific Islander _____ Black _____ American Indian _____		

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Parent/Guardian Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I anticipate my child participating in (Please indicate times, days and meals):

Drop-Off Time: _____	Days:	Meals:
Pick-Up Time: _____	<input type="checkbox"/> Sunday <input type="checkbox"/> Thursday	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack
<input type="checkbox"/> Times Vary	<input type="checkbox"/> Monday <input type="checkbox"/> Friday	<input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner
<input type="checkbox"/> Days Vary	<input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday	<input type="checkbox"/> Lunch <input type="checkbox"/> Evening Snack
	<input type="checkbox"/> Wednesday	

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Parent/Guardian Signature: _____

Child's First Day In Care: _____

Parent/Guardian Signature: _____

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