



Infant 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.*

Dear Parent,

Your child care provider is enrolled on the Child and Adult Care Food Program and is required to offer meals that meet the CACFP guidelines to all enrolled children, regardless of their age. Your child care provider is also required to offer one type of iron fortified infant formula, which is (PROVIDER PLEASE FILL IN) _____, for those under one year of age. You may accept or decline the formula offered. If you decline, you understand that the provider is NOT required to purchase your choice of formula, and that you will provide the formula (or breast milk) for your own infant.

Please check **ONE** of the following options for your infant:

1. I decline the meals offered and I will supply all of the formula and food for my infant. (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.)
- or*
2. I decline the formula offered by the provider. I will provide my own formula for my infant, which is (PARENT PLEASE FILL IN) _____, and the provider will supply additional infant foods. (Your child will be enrolled in the CACFP.)
- or*
3. I accept the type of formula offered by the provider. The provider will supply all of the infant's formula and food. (Your child will be enrolled in the CACFP.)

Parent's Signature: _____ Date: _____

If you have any questions, please contact us at the telephone number above.

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

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

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 | |

Parent/Guardian Signature: _____

Child's First Day In Care: _____