

Child Nutrition Services CHILD ENROLLMENT FORM

Provider Name: _____

_____ **New** _____ **Update/Renewal** Effective Date _____

Dear Parent:

Your child(ren)'s day care home has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses caregivers for nutritious meals served to children in attendance.

In order for your home provider to receive this assistance, please complete this form as accurately as possible. This program is beneficial to you and your child(ren) because it provides nutritious meals and snacks that help offset food costs.

As part of the audit process representatives from Child Nutrition Services may contact you at some point to verify days of care and meals received while in care.
Child Nutrition Services 241 N 12th STE D Tecumseh, NE 68450 www.qocns.net 1-800-927-7122

Directions:

Please ensure that this document represents the most current profile of your child's enrollment status. Update and certify this document annually.

INFANT DOCUMENTATION

Your child care provider is required to offer a milk-based formula for all infants in care. She has selected _____ as the formula that she is going to offer.

Do you wish to: _____ accept this formula _____ decline this formula
Why did you decline? _____ I will provide breast milk
 _____ I use a different formula. Brand: _____
 _____ I don't wish to enroll my infant - I will supply all the formula and baby food.

ETHNIC/RACIAL CATEGORIES

- A. Ethnic data of children - mark one**
 _____ Hispanic or Latino _____ Not Hispanic or Latino
- B. Racial data of child(ren) - Mark one or more that apply.**
 _____ Asian _____ Black or African American _____ Native Hawaiian or Pacific Islander
 _____ White _____ American Indian or Alaska Native
 _____ I don't wish to provide Ethnic/Racial Data at this time.

| Full Name of Child(ren) in Family Enrolled in CACFP | Date of Birth | Age | Foster Child | Time Child Arrives at Day Care | Time Child Goes to School | Time Child Returns from School | Time Child Leaves for Home | Days in Care | | | | | | | Meals Eaten at Day Care | | | | | | | | | | |
|---|---------------|-----|--------------|--------------------------------|---------------------------|--------------------------------|----------------------------|--------------|---|---|----|---|----|----|-------------------------|-------|---|-------|----|-------|--|--|--|--|--|
| | | | | | | | | M | T | W | Th | F | Sa | Su | Bk | AM Sn | L | PM Sn | Su | BT Sn | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | |

School:

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|---|---|---|---|
| <p style="text-align: center;">Please Print</p> Parent/Guardian Names _____ Address _____ City, State, Zip _____ Home Phone _____ | <p style="text-align: center;">Parent/Guardian Workplaces</p> Mother Phone # _____ Employer _____ Father Phone # _____ Employer _____ | <p style="text-align: center;">To the best of my knowledge all of the above information is correct.</p> Parent/Guardian Signature: _____ Date _____ | <p style="text-align: center;">For CACFP Representative Use Only</p> Date Enrolled: _____ Sponsor Initial: _____ <hr/> <p style="text-align: center;">Check One () New Enrollment () Annual Renewal</p> |
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