

**Child Nutrition Services  
CHILD ENROLLMENT FORM**

**Provider Name:** \_\_\_\_\_ **New** \_\_\_\_\_ **Update/Renewal Effective Date** \_\_\_\_\_

**Dear Parent:** \_\_\_\_\_ **INFANT DOCUMENTATION**

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.

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.

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.

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.

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 12<sup>th</sup> STE D Tecumseh, NE 68450 [www.goocns.net](http://www.goocns.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.**

\_\_\_\_\_ **Email a copy of this form to me.**

**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 y/n	Time Child Arrives at Day Care	Grade K 1 2 3 4 5 6	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	B	AM Sn	L Sn	PM Sn	Su	BT Sn					
1.																										
2.																										
3.																										
4.																										

**Name of School Attending:** \_\_\_\_\_ **Could child be in attendance on Non-School Days: Yes No**

Parent/Guardian Names Please Print _____ Address _____ City, State, Zip _____ Home Phone _____	Parent/Guardian Workplaces Mother Phone # _____ Employer _____ Father Phone # _____ Employer _____	To the best of my knowledge all of the above information is correct. Parent/Guardian Signature: _____ Date _____	For CACFP Representative Use Only Date Enrolled: _____ Sponsor Initial: _____ Check One ( ) New Enrollment ( ) Annual Renewal
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**Non-Discrimination Statement:** This institution is an equal opportunity provider.  
 State Agency Contact Information: Sharon Davis Nebraska Department of Education 1-800-731-2233