## 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 1818 Court St STE 3 Beatrice, NE 68310 www.gocns.net**
**402-806-4477 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.***

**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 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 | PM Sn | Su | BT Sn |
| 1. | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | |

**Name of School Attending:** **School Start Date:**

**Please Print**
Parent/Guardian Names _____
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: _____
Email _____
Date _____

***For CACFP Representative Use Only***
Date Enrolled: _____
Sponsor Initial: _____ _____
Check One
( ) New Enrollment ( ) Annual Renewal

**Non-Discrimination Statement:** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

State Agency Contact Information: Sharon Davis Nebraska Department of Education 1-800-731-2233