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 childcare 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:** **School End Date:**

Please Print	**Parent/Guardian Workplaces**	**To the best of my knowledge all of the above information is correct.**	***For CACFP Representative Use Only***
Parent/Guardian Names _____	**Mother** Phone # _____ Employer _____	Parent/Guardian Signature: _____	Date Enrolled: _____
Address _____			Sponsor Initial: _____ _____
City, State, Zip _____	**Father** Phone # _____ Employer _____	Email _____	Check One ( ) New Enrollment ( ) Annual Renewal
Home Phone_____		Date _____	

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State Agency Contact Information: Kayte Partch Nebraska Department of Education 1-800-731-2233