

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 829 W. Court ST. STE 4 Beatrice, NE 68310
www.gocns.net 402-806-4477

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 breastmilk.
 _____ 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: _____		End 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

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