Child Enrollment Form

Child & Adult Care Food Program

Dear Parent/Guardian:

Your **Family Day Care Provider** ____________________ participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

Meals served must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, your provider has agreed to follow the USDA guidelines. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect the enrollment information listed below.

Please complete the form and return it to your Family Day Care Provider. Part 1 and Part 3 need to be completed by all families or guardians. Part 2 is to be completed ONLY if enrolling an infant child (under the age of 12 months).

PART 1: CHILD ENROLLMENT INFORMATION

Child's First Name	Last Name	Child's Date of Birth & Age		Beginning Date of Child Care	
Times Child Normally Attends For example 7:30 AM – 5 PM ✓ Box ☐ Schedule Varies	Hours from: ________ to ________ ________ to ________	Check the days your child normally attends	☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	Check the meals you request that your child receives while in care	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Child's First Name	Last Name	Child's Date of Birth & Age		Beginning Date of Child Care	
Times Child Normally Attends For example 7:30 AM – 5 PM ✓ Box ☐ Schedule Varies	Hours from: ________ to ________ ________ to ________	Check the days your child normally attends	☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	Check the meals you request that your child receives while in care	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack
Child's First Name	**Last Name**	**Child's Date of Birth & Age**		**Beginning Date of Child Care**	
Times Child Normally Attends For example 7:30 AM – 5 PM ✓ Box ☐ Schedule Varies	Hours from: ________ to ________ ________ to ________	Check the days your child normally attends	☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	Check the meals you request that your child receives while in care	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

If there are other children in care, please complete additional forms as needed.

FOR SPONSOR OFFICE USE ONLY

Effective Date of this Enrollment Form: ____________________ **Fiscal Year 2024/2025**

The effective date can be made retroactive back to the first day the child participates In the CACFP as long as it occurs in the same month this form is received.

PART 2: INFANT MEAL NOTIFICATION (Birth through 11 months)

Nutritious meals meeting the United States Department of Agriculture guidelines are served to all children enrolled in this program, including children under the age of 12 months. The provider must meet the meal component requirements based on age and developmental readiness outlined in the Infant Meal Pattern. **Parents/Guardians may supply not more than one required component per meal in the meal pattern (including breast milk or formula) in order for the meal to be reimbursable in CACFP.**

I understand that this Family Day Care Provider has available the iron fortified formula _____ for my infant while in care.
(Name of Iron Fortified Infant Formula)

To help provide the best nutritional care for your infant, please complete the following information.

PLEASE CHECK ONE OPTION (Breast Milk / Formula):

☐ I will supply expressed (pumped) breast milk for my infant child and/or breast feed at day care home. **OR** I will supply formula for my infant child.

☐ I prefer to have the provider supply the formula offered.

PLEASE CHECK ONE OPTION (Food Items):

☐ I will supply all food items for my infant's meals. I decline food items provided by the provider/center.

☐ I have elected to have the provider/center supply the formula and I wish to provide one food item. I will provide the following one creditable food item: _____

☐ I would like provider/center to provide all food items for my infant's meals.

PART 3: PARENT OR GUARDIAN ACCEPTANCE AND SIGNATURE

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. I have received a copy of this completed form.

_____
Parent's Signature — Date Signed (form must be completed annually)

Parent's Name: _____ Home Phone: _____
: Please Print

Mailing Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

CIVIL RIGHTS: This information is voluntary and will not affect your children's eligibility. Please indicate the ethnic and racial identity of your children by checking a box in each of the categories. This information is being collected to assure that everyone receives CACFP benefits on a fair basis.

1. **Ethnic Identity** □ HISPANIC OR LATINO □ NOT HISPANIC OR LATINO.
2. **Racial Identity** □ AMERICAN INDIAN OR ALASKA NATIVE □ ASIAN □ BLACK OR AFRICAN AMERICAN
   □ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER □ WHITE.

For questions please contact: Sponsor, Contact Name, Address, and Telephone Number

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This institution is an equal opportunity provider.