

CHILD ENROLLMENT FORM

USDA CHILD AND ADULT CARE FOOD PROGRAM
Child Nutrition, Inc. 540-347-3767

Enrollment must be received by last day of month child will be claimed.

PROVIDER SECTION – Provider please complete this section:

CHILD'S NUMBER: _____ Does this child live in the provider's home?
(Child's Name) Yes No

Provider's Name _____ Phone Number _____

Provider's Address _____

I provide infant care and supply infant formula at my day care. **Name of formula your daycare offers to purchase and supply to all enrolled infants. (REQUIRED)** _____
(Name of Formula)

◆ **Providing Building For Future Flyer and WIC information to parent / guardian for each enrolled child is required.**

PARENT/GUARDIAN SECTION – Parents please complete this section pertaining to your child:

Child's Name _____

Child's Date of Birth _____

Circle One: Male Female

The first day this child will start on is _____
(MM/DD/YY)

ETHNICITY (select one)

- Hispanic or Latino
- Not Hispanic or Latino

RACE (select all that apply)

- Black White Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native

CIRCLE DAYS OF CARE: M T W Th F Sat Sun TIME: dropped off _____ picked up _____

CHECK MEALS: Breakfast AM Snack Lunch PM Snack Supper

Parent's Name (please print) _____

Parent's Address _____

City, State, Zip _____

Home Phone () _____ Secondary Phone () _____

Parent's Signature _____ Date (REQUIRED) _____

Parent's Email Address _____

*Allergy / Food Restrictions / Special Diet _____
(Special Dietary Prescription Form REQUIRED)

PLEASE COMPLETE FOR INFANTS ONLY:

_____ I will accept the formula my provider purchases and supplies. Name of formula _____

_____ I will supply formula for my child. I am supplying _____
(If the formula is a specialty formula, a medical statement will be required.)

_____ I will supply breast milk for the provider to feed my child and/or I will breastfeed at the home daycare.

_____ My child is 6 months or older and developmentally ready for baby food. I want the provider to provide infant cereal and other foods for my infant based on the CACFP meal pattern.

WITHDRAWAL Write in child's last day and notify office. _____
Date

"This institution is an equal opportunity provider."