**OMER Roster Number \_\_\_\_\_\_\_\_**

# Child and Adult Care Food Program CHILD ENROLLMENT FORM

Child Care Centers/Head Start Programs

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CACFP Sponsor Name/Site Name

**TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care.

Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

|  |  |  |
| --- | --- | --- |
| **Children’s Names** | **Normal Hours in Care** | **Normal Meals and Normal Days in Care** |
| Enter the **time** your child usually *arrives* each day. | Enter the **time** your child usually *leaves* each day. |
| Last: | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | **Normal Meals While In Care**Breakfast AM Snack Lunch PM Snack Supper Eve Snack**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| First | **Normal Days of the Week in Attendance**Mon Tue Wed Thu Fri Sat Sun**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| Last | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | **Normal Meals While In Care**Breakfast AM Snack Lunch PM Snack Supper Eve Snack**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| First | **Normal Days of the Week in Attendance**Mon Tue Wed Thu Fri Sat Sun**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| Last | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | **Normal Meals While In Care**Breakfast AM Snack Lunch PM Snack Supper Eve Snack**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| First | **Normal Days of the Week in Attendance**Mon Tue Wed Thu Fri Sat Sun**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| Last | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | \_\_\_\_\_\_\_\_\_\_\_\_Time [ ]  AM [ ]  PM | **Normal Meals While In Care**Breakfast AM Snack Lunch PM Snack Supper Eve Snack**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |
| First  | **Normal Days of the Week in Attendance**Mon Tue Wed Thu Fri Sat Sun**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]**  |

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age**This center provides \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list brand) iron fortified infant formula.Check one: [ ]  I accept the center provided formula[ ]  I decline the center provided formula I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal. |

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| --- | --- |
| ***Updates****:**(annual at a minimum)* | The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change.*If there are many changes, please complete a new form.* |
| *First Update* | *Parent/Guardian Signature* | *Date* |
| *Second Update* | *Parent/Guardian Signature* | *Date* |
| *Third Update* | *Parent/Guardian Signature* | *Date* |
| *Fourth Update* | *Parent/Guardian Signature* | *Date* |

This institution is an equal opportunity provider.

Child Enrollment Form – Centers