

**COMMUNITY ACTION OF EASTERN IOWA CHILD & ADULT CARE FOOD PROGRAM
CHILD ENROLLMENT VERIFICATION FORM
(October 1, ____ – September 30, ____)
USDA REGULATIONS STATE A PARENT OR GUARDIAN IS RESPONSIBLE FOR COMPLETING THIS FORM.**

Providers on the Child and Adult Care Food Program must provide nutritious meals and snacks, within USDA guidelines, to the children in their care and are paid for meals/snacks served. "CACFP – Building for the Future" offers you more information about CACFP and the meal patterns and is accompanying this enrollment form.

Provider Name _____ Site Number _____

Enrollment date: _____ Provider Address _____

PLEASE PRINT Child's Name first & last	Child's Birth date (include year)	AGE	Gender	Grade in school	School District attended	Usual Attendance Days (circle)	Earliest Arrival Time	Latest Departure Time	Usual Meals to be served (circle)
						MTWTFSS			BALPSE
						MTWTFSS			BALPSE
						MTWTFSS			BALPSE
						MTWTFSS			BALPSE

Parents may be contacted by this sponsor as part of program integrity auditing or clarification purposes.

INFANT ENROLLMENT: (Children under 1 year) Providers who care for infants are required to offer to serve at least one USDA approved iron-fortified infant formula to the infants in their care. As a parent of an infant, you have the option of allowing your infant to be served the provider's formula or supplying your choice of another approved iron-fortified brand or breast milk. If parents supply formula or breast milk, providers may be paid for meals or snacks for the infant through 3 months of age. If parent continues to supply formula or breast milk after age 3 months, providers must supply at least one optional or required food when infants are ready for solids, in order to receive payment for those meals/snacks. Documentation of your choice(s) below verifies this provider's compliance of non-discrimination when feeding infants in this CACFP home:

The iron-fortified infant formula offered in this child care home is _____. (Must be completed by Provider)

___ I accept the Provider's iron-fortified formula for my infant.

___ I will provide infant formula for my infant. Name of formula: _____.

___ This provider will supply optional or required foods, after age 3 months (when my infant is ready for solid foods) even if I choose to begin or to continue supplying formula or breast milk.

___ My infant is fed breast milk only.

Note: Parents must submit a medical statement if infants are on low-iron formula, non-approved formula, or whole milk before age 1 OR there are any other special food-related exclusions or conditions.

Parent's/ Guardian's Signature

Printed Name of Parent/Guardian

Home Phone No.

Date

E-mail address

Parent's/Guardian's Home Address

City/State/Zip Code

Place of Employment/School

Phone

Work Address

Voluntary Civil Rights Information (optional):

Please check in the space provided the racial and ethnic identity of your child(ren). If not completed, the Provider or Home Sponsor will make the determination of your Child's racial and ethnic status. "This Institution is an Equal Opportunity Provider"

___ American Indian or Alaskan Native
___ Native Hawaiian or other Pacific Islander
___ Asian
___ Hispanic or Latino
___ Black or African American
___ White

Relationship to Provider:

Own child _____
Day Care Child _____
Foster Child _____

Ethnicity: _____ Non Hispanic or Latino _____ Hispanic or Latino

MARK THE EXPECTED SERVICE FOR THIS FAMILY: FULL TIME CHILD (REN) _____ PART TIME CHILD(REN) _____