

Child Enrollment Form

Child Care Provider Name _____ Provider # _____

Is this child(ren) related to the provider? Yes ___ No ___ If yes, how? _____

Update? New?

ALL INFORMATION BELOW MUST BE COMPLETED BY THE PARENT OR GUARDIAN ONLY

Parent/Guardian Name: _____

Parent/Guardian Mailing Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

If new to this child care home, your child's start date is/was: Month _____ Day _____ Year _____

Record your child's name and birth date and check (X) the meal(s) and snack(s) your child(ren) will NORMALLY receive at this child care home.

Child's first and last name	(√) if Foster Child	Birth date	Age	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack

List your child's(ren's) NORMAL arrival and departure times: From: _____ To: _____

Circle the day(s) your child(ren) will NORMALLY be attending this child care home. S M T W T F S

List any variations in your schedule: _____

PARENTS OF INFANTS:

Your child care provider must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Infants must be served breast milk or iron-fortified infant formula until they are one year old and children ages 1-2 must be served whole milk unless a signed statement from the child's doctor is on file with Heartland Child Nutrition, specifying the child's alternative needs. All other food items must be provided by your child care provider when age-appropriate, consistent with CACFP guidelines.

My choice for CACFP Infant Participation is:

- I choose to supply expressed breast milk to my child care provider to serve at meal times.
- I choose to accept the iron-fortified infant formula that my child care provider has offered.
- My child care provider has offered the following (brand of formula, _____).
 I have chosen to decline this brand and provide the formula for my infant.
- I choose not to enroll my infant in the CACFP at this time. I will provide all foods for my infant.

Civil Rights Information: Please indicate the ethnic or racial identity of your child(ren) by checking one of the boxes below. The collection of this information is used for statistical reporting. It has no effect on your child's eligibility to receive benefits under the CACFP.












- White, not of Hispanic origin
- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic
- Black, not of Hispanic origin
- Other

_____ Date _____ Parent/Guardian Signature
(This child enrollment form is effective for one year and will expire after one year from the date signed.)

I understand my child(ren) will receive meals at no extra cost, nor will I be asked to provide food (except infant formula, if my preference of formula is different than the type my provider supplies) while enrolled in the CACFP under this provider's care. I have received the parent guide which explains the food program and know that I may call the CACFP office with any questions and/or concerns. Likewise, I understand that I may be contacted through periodic telephone audits or written surveys to verify the provider's claims.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

USDA Meal Pattern Requirements

Meal		Food Served	Age 1 through 2	Age 3 through 5	Age 6 through 12
Breakfast		Juice ¹ or Fruit or Vegetable	1/4 cup	1/2 cup	1/2 cup
		Bread (whole grain or enriched) <i>or</i>	1/2 slice	1/2 slice	1 slice
		Cereal <i>or</i>	1/4 cup	1/3 cup	3/4 cup
		Hot Cereal or Grains or Pasta <i>or</i>	1/4 cup	1/4 cup	1/2 cup
		Bread Alt., i.e., Biscuit, Muffin, Roll	1/2 serving	1/2 serving	1 serving
		Milk ²	1/2 cup	3/4 cup	1 cup
Snack (Serve 2 of the 4 groups)		Juice ¹ or Fruit or Vegetable	1/2 cup	1/2 cup	3/4 cup
		Bread (whole grain or enriched) <i>or</i>	1/2 slice	1/2 slice	1 slice
		Dry Cereal <i>or</i>	1/4 cup	1/3 cup	3/4 cup
		Hot Cereal or Grains or Pasta <i>or</i>	1/4 cup	1/4 cup	1/2 cup
		Bread Alt., i.e., Biscuit, Muffin, Roll	1/2 serving	1/2 serving	1 serving
		Meat or Poultry or Fish or Cheese <i>or</i>	1/2 oz.	1/2 oz.	1 oz.
		Eggs ³ <i>or</i>	1/2 egg	1/2 egg	1/2 egg
		Peanut Butter <i>or</i>	1 Tbsp.	1 Tbsp.	2 Tbsp.
		Cooked Dry Beans or Dry Peas <i>or</i>	1/8 cup	1/8 cup	1/4 cup
		Nuts and/or Seeds ⁴ <i>or</i>	1/2 oz.	1/2 oz.	1 oz.
		Yogurt	2 oz.	2 oz.	4 oz.
	Milk ²	1/2 cup	1/2 cup	1 cup	
Lunch/Supper		Meat or Poultry or Fish or Cheese <i>or</i>	1 oz.	1-1/2 oz.	2 oz.
		Eggs <i>or</i>	1/2 egg	3/4 egg	1 egg
		Peanut Butter <i>or</i>	2 Tbsp.	3 Tbsp.	4 Tbsp.
		Cooked Dry Beans or Dry Peas <i>or</i>	1/4 cup	3/8 cup	1/2 cup
		Nuts and/or Seeds ⁴ <i>or</i>	1/2 oz.	3/4 oz.	1 oz.
		Yogurt	4 oz.	6 oz.	8 oz.
		Choose two <u>different</u> vegetables and/or fruits to equal the following portions »	1/4 cup	1/2 cup	3/4 cup
		Bread (whole grain or enriched) <i>or</i>	1/2 slice	1/2 slice	1 slice
		Cooked Grains or Bread <i>or</i>	1/4 cup	1/4 cup	1/2 cup
		Bread Alt., i.e., Biscuit, Muffin, Roll	1/2 serving	1/2 serving	1 serving
		Milk ²	1/2 cup	3/4 cup	1 cup

¹ Fruit or vegetable juice must be 100% juice. Juice cannot be served when milk is the only other component for snack.

² Children who are one year old, until they turn two, must be served whole milk, unless a diet statement is provided.

³ One-half egg meets the required minimum amount (1 oz. or less) of meat alternate for snack.

⁴ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.