

## Child Enrollment Form Child & Adult Care Food Program

ESE 2017

Dear Parent/Guardian:

**Your Family Day Care Provider:** \_\_\_\_\_ participates in the United States Department of Agriculture (USDA) Child and Adult Care 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. The Provider will give you a copy of the minimum meal components and portion requirements to be served according to the child's age. 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	Hours from: _____ to _____	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Check the _____ Breakfast <input type="checkbox"/> AM Snack Lunch <input type="checkbox"/> Lunch PM Snack <input type="checkbox"/> Supper Evening <input type="checkbox"/> Evening Snack <input type="checkbox"/> Snack
School Age Child - Times Child Attends School. For example 8:00 AM - 3:00 PM	_____ to _____	Check the days your child normally attends <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Check the _____ meals you request that your child receives while in care
<input checked="" type="checkbox"/> <b>Box</b> <input type="checkbox"/> <b>Schedule Varies</b>			

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

### FOR SPONSOR USE ONLY

Effective Date of this Enrollment Form: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
 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.

For questions please contact: Kids Unlimited Services, Inc. 508-248-6772

Kids Unlimited Copy

### 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 development outlined in the Infant Meal Pattern. The Provider will give you a copy of the minimum meal components and portion requirements to be served according to the child's age.

I understand that this Family Day Care Provider will serve a USDA approved formula \_\_\_\_\_ (Name of Iron Fortified Infant Formula) to my infant while in care.

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

#### IF YOU Formula-FEED YOUR INFANT, PLEASE CHECK ONE OPTION

I prefer to have the Provider supply the formula offered.   OR    I will supply formula for my child.

#### IF YOU BREAST-FEED YOUR INFANT, PLEASE CHECK

I will supply expressed (pumped) breast milk for my infant child.

*I understand that this Family Day Care Provider will supply infant cereal and infants food for infants 4 months and older as they are developmentally ready according to the CACFP requirements.*

I prefer to have the Provider supply infant cereal and food.   OR    I will supply infant cereal and infant foods for my infant child.

### 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 and the "Building For The Future" Flyer.

Parent or Guardian Signature \_\_\_\_\_ Date Signed (Form must be completed annually)

Parent Name: Please Print \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

USDA Non-Discrimination Statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender, identity, religion, reprisal and, where applicable, political beliefs based on genetic information in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 696-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through its Federal Relay Service (800) 877-8339. If you need this information in an alternative format, contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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# *Building for the Future*

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care. Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating**

**Facilities** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**Eligibility** State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

## **Contact**

**Information** If you have questions about CACFP, please contact the following Child Care Sponsor:

### State Agency

Department of Elementary and Secondary Education  
Nutrition, Health and Safety  
350 Main Street  
Malden, MA 02148-5023  
781-338-6499

### Sponsor

KIDS UNLIMITED SERVICES, INC.  
35 TROLLEY CROSSING ROAD  
CHARLTON, MA 01507  
WWW.KIDSUS.COM  
TEL.: 508-248-6772



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Commonwealth of Massachusetts  
Department of Elementary and Secondary Education