



### Day Care Homes Child Enrollment Form

Your day care provider participates in the U.S. Department of Agriculture CACFP. This program helps your provider provide nutritious meals and snacks to children enrolled in day care. For information on the CACFP meal pattern for Children and the CACFP Infant Meal Pattern at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326>.

Under the regulations of the CACFP, your provider may not charge you separate fees for meals nor may you be asked to provide food for your children for those meals or snacks claimed under the program. Day Care fees charged by your provider cover the cost of care and food costs not reimbursed by the CACFP.

To verify the enrollment of your children in this day care home, complete the following information and provide a signed and dated copy of the form to your provider. Please be advised that you may be contacted by the sponsoring organization, the Connecticut State Department of Education or the U.S. Department of Agriculture to verify this information.

**Please Print**

Day Care Provider's Name \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last Name First Name Month, Date & Year of Birth Age Gender

Check here ONLY if you are choosing **not** to enroll your child in CACFP, then sign and date the form.

*I do not want my child to participate in the Child and Adult Care Food Program (CACFP).*

My child will normally be in child care during the following days and times and receive meals as indicated below.

Normal days of care (check each applicable day)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal hours in care (indicate AM or PM)	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____	_____ to _____ and _____ to _____
Meals normally served to my child	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late _____ Snack _____

Check here if your child will be attending a daycare on school vacation days and days off from school.

What hours will child be in daycare? \_\_\_\_\_ Circle meals that will be served: B AM L PM S LS

**For Infants Only:**

The provider offered to serve (name of approved formula) \_\_\_\_\_

Name of approved iron-fortified infant formula

\*See back side of form for infant formula information

Check One:

\_\_\_\_\_ I would like my child to receive the above named formula supplied by the provider.

\_\_\_\_\_ I will provide my own approved infant formula (name of approved iron-fortified infant formula)

\_\_\_\_\_ I will provide breast milk for my child.

\_\_\_\_\_ I will breast feed my child on site in the day care home.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Address (Please Print): \_\_\_\_\_  
 Street City State Zip Code

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature