

enrollment information on an annual basis. This form will be placed in center files and treated as confidential information. Complete one form for all of your children who are enrolled at the center. follows federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires parents to provide specific Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the cente

May 2019

lowa Child and Adult Care Food Program Child Care Enrollment Form

		Imes	lines of Care			Regular Days of Care	ar Day:	s of Ca	are			Meals Served During Care	Served	Durin	g Care		Ethnicity/Race*	//Race*
Last Name, First Name	Birthdate	Arrival	Departure	3	T		W Th F	٦	ဟ	တ	œ	Sn ₩	Ε	Sn	D	S III	Ethnicity	Race
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*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino *Race (Select one or more and enter in the chart above): W=White, B=Black or African American Indian or Alaska Native, A=Asian, and P=Native Hawaiian or Other Pacific Islander This	t above): H=Hisp chart above): V	panic or Latinc V=White, B=Bl	or N=Not His ack or African	panic Ameri	or Lati	no Americ	an Ind	ian or /	Alaska	Native,	A=Asi	an, and	P=Nati	ve Наv	vaiian	or Othe	er Pacific Islan	der This
Information is requested by the Federal Government in order to monitor compliance with Civil Birthte law. Vol. are not required to firming this information.	vernment in ord	er to monitor c	ompliance with		Zink.	, weigh	OII are	2		to film	ch thic	informa		1		2	2)) The	

Parent Signature Parent Signature Parent Signature requires that organizations may not discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, the center's Program representative is required to note race/ethnicity on the basis of visual observation. Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Mark (X) to indicate your choice(s) below: As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages; you are not required to provide infant food or formula. Infant feeding is based or infants only (0 to 12 months): I will provide solid foods for my infant². The center may supplement with additional solid foods when my infant needs them: l will provide formula for my infant. .Name of formula (must be iron-fortified and manufactured in the USA): I would like to breastfeed on site, if this option is available¹. 🚨 Yes will submit a Diet Modification Request Form for non-reimbursable formula. Name of formula: accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver. accept the center's formula for my infant. Name of iron-fortified formula: l am not enrolling an infant (skip this section) C No _Date: Date Center formula may be used to supplement feedings if necessary: ☐ No If yes, time(s) Darent's (Make any needed changes above, sign and date) (Make any needed changes above, sign and date) Choice ☐ Yes Yes _ | |

¹Ask your center if you can breastfeed on-site.

pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request ²The parent may provide no more than one required meal component in order for the center to claim reimbursement for the meal. DHS licensed centers must follow CACFP infant meal