

Facility/Provider Name: _____

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

This facility participates in the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs annual verification of enrollment for each participant in this facility. *A parent or guardian should complete the following information.*

| | | | | | | | |
|--|---------------------|-----------------|--------------|-----------------------|---------------|----------------------|-----------------------------|
| Participant's Name: _____ | | | | | | | Date of Birth: _____ |
| Typical Days of Care: | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Typical Hours of Care: (use military time or mark AM/PM) | Arrival Time | AM | PM | Departure Time | | AM | PM |
| Meals Normally Eaten in Child Care: | Breakfast | AM Snack | Lunch | PM Snack | Supper | Evening Snack | |

If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:

Facility/Provider offers _____ formula for infants through the CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by the facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

I will use the formula offered by this facility/provider, and I will prepare ready to feed bottles for my infant.

I will **not** use the formula offered by this facility/provider.

If not, which formula will you send in ready-to-feed bottles for your infant? _____

If the formula you provide is a special formula, a medical statement must be submitted.

I will provide breast milk for my infant.

My infant is 4 months old or older and is developmentally ready for baby foods. I want the facility to provide the following baby foods for my infant: _____

**Note to parents who are getting formula through the WIC program. Your baby is eligible to get formula from this child care facility as well as from the WIC program. It is your decision which formula you want your baby to use when she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____ **City:** _____ **State:** NC **Zip:** _____

Home or Mobile Telephone Number: () - _____ **Work Telephone Number:** () - _____

ANNUAL UPDATE 1 Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Parent/Guardian Signature: _____ **Date:** _____

Additional Information, if any: _____

ANNUAL UPDATE 2 Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Parent/Guardian Signature: _____ **Date:** _____

Additional Information, if any: _____

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For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ **Date:** _____

Date the participant withdrew: _____

For State Use Only:

Complete: _____ **Incomplete:** _____ **Reason:** _____ **Verified by:** _____ **Date:** _____