

Child and Adult Care Food Program (CACFP)

CHILD ENROLLMENT FORM FOR CHILD CARE CENTERS (Through September 30, 2017)

*This form expires on September 30, 2017. Effective October 1, 2017, use the **new form** that includes the new criteria for infant formula and breastfeeding.*

Our child care center participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled in our center. For information on the CACFP meal pattern requirements, see the [CACFP Meal Pattern for Children](#) and the [CACFP Infant Meal Pattern](#) at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326.

SECTION 1 – WAIVER OF CACFP PARTICIPATION

Check here **ONLY** if you are choosing **not** to enroll your child in the CACFP. *Complete section 3 on page 2, and return to the child care center.*

I do not want my child to participate in the CACFP.

SECTION 2 – CACFP ENROLLMENT

To verify your child’s enrollment in this child care center, complete this section and section 3 on page 2, and return to the child care center. You may be contacted by the center, the Connecticut State Department of Education or the USDA to verify this information.

Please print all information.

Child Care Center’s Name: _____

Child’s Name: _____ Birth Date: _____
Last Name *First Name* *Month, day, year*

Male Female First Day of Attendance: _____

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

Days and Hours of Care and Meals Served							
Normal Days of Care <i>Check all that apply</i>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Normal Hours in Care <i>Circle AM or PM</i>	____ AM/PM to ____ AM/PM						
	<i>and</i>						
	____ AM/PM to ____ AM/PM						
Meals normally served to my child <i>Check all that apply</i>	<input type="checkbox"/> Breakfast						
	<input type="checkbox"/> AM Snack						
	<input type="checkbox"/> Lunch						
	<input type="checkbox"/> PM Snack						
	<input type="checkbox"/> Supper						
	<input type="checkbox"/> Evening Snack						

CACFP CHILD ENROLLMENT FORM FOR CHILD CARE CENTERS, continued

FOR INFANTS ONLY

Infant Formula: The center offered to serve: _____
Name of approved iron-fortified infant formula *

Check One: I would like my child to receive the above named iron-fortified infant formula supplied by the center.

I will provide my own infant formula: _____
Name of approved iron-fortified infant formula *

I will provide breast milk for my child.

* Infant formulas must be iron-fortified and comply with the USDA regulations for infant formulas. For more information, see USDA memo [CACFP 14-2015](#), Infant Feeding in the CACFP.

SECTION 3 – CONTACT INFORMATION AND SIGNATURES

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

Parent Signature: _____ Date: _____

Sponsor Representative's Signature: _____ Date: _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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For information on the CACFP, visit the CSDE's [CACFP Web site](#) or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This form is available at
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/centerenroll.pdf.