

## Child and Adult Care Food Program (CACFP)

### CHILD ENROLLMENT FORM FOR FAMILY DAY CARE HOMES (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.*

Your family day care home provider participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). This program helps your provider provide nutritious meals and snacks to children enrolled in day care. For information on the CACFP meal pattern requirements, see 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>.

The CACFP regulations do not allow us to charge you separate fees for meals or ask you to provide food for your children for CACFP meals and snacks. Regular day care fees cover the cost of care and food not reimbursed by the CACFP.

#### 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 your provider.*

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

#### SECTION 2 – CACFP ENROLLMENT

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

*Please print all information.*

Day Care Provider'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
<b>Normal Hours in Care</b> <i>Circle AM or PM</i>	____ AM/PM to ____ AM/PM						
	and ____ AM/PM to ____ AM/PM						
<b>Meals normally served to my child</b> <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	<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	<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	<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	<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	<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	<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 FAMILY DAY CARE HOMES, continued

## FOR INFANTS ONLY

**Infant Formula:** The provider 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 provider.

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: \_\_\_\_\_

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- (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](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*



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/homeenroll.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/homeenroll.pdf).