

# Horizons Unlimited, Inc. CACFP Enrollment Form

			Chi	ld Caı	re Na	ame:						
Instruction for Parents/Guard Complete a separate form for age, report the hours in care b what meals your child will par	each enrolle ooth before a	ind after sch	ool. If your sc	hedule f	luctua	tes, please exp	lain in the "A	dditional Info	ormation" sect	ion. If you are	uncertain	
CHILD'S NAME:					PARENT'S/GUARDIAN'S NAME:							
				Address:								
CHILD'S DATE OF BIRTH:				PHONE:								
LEASE CHECK THE ETHNIC & RACIAL	IDENTITY OF YO	OUR CHILD. YO	OU ARF NOT RFOL	JIRED TO I	PROVIDI	THIS INFORMATI	ON. THE COLLE	CTION OF THIS I	NFORMATION IS (	ONLY FOR STATIS	TICAL PURPOSES.	
Ethnic Category:   Hispanic												
Racial Category:  America		•		n Ameri	ican [	☐ Native Hawa	aiian or Pacifi	cislander [	White			
nacial category. El America	mindidii 🗀	Asian 🗀				als While		e i si di i dei	vvince			
	ĺ		ПОС	iis aii	u ivie	ais willie						
	Hours Normally in Care					Meals Normally Received While in Care: (Check all that apply)						
	From	То	From	То		Breakfast	AM Snack		PM Snack	Supper	Evening Snack	
☐ Sunday												
☐ Monday												
☐ Tuesday												
☐ Wednesday												
☐ Thursday												
☐ Friday												
□ Saturday												
Additional Information i	f your child	's schedule										
						l Notificat		+ b -				
			o be comp	ietea	jor c	hildren un	aer 12 m	ontns				
The child care center offers _	(Center r	nust write ii	n the name of	formula	a offer		iron fortified	infant formu	la which:	☐ I Accep	ot 🗆 I Decline	
When your infant is developm Infant Meal Pattern. Parents must indicate that below.												
Which of the following applies:						If breastfeeding which applies:						
☐ I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.					child	d ☐ I will supply expressed (pumped) breast milk and have the center supplement formula if necessary.						
$\hfill \square$ I will supply infant cereal and infant foods for my child when appropriate.					e.	☐ I will supply expressed breast milk and supplement formula if necessary.						
				Specia	l Die	tary Need:						
Does your child have a specia	l dietary nee	d(s) that diff						lo.				
If yes, you must provide docu serve as a substitute; the exc statement from you. Consult	umentation t eption to thi	o the center s rule is for	r that has bee nondairy milk	n comple substit	eted b utes (i	y your child's h .e. soy milk) th	nealth care p nat are nutrit	rovider detai	alent to milk,	which only re		
If your child's special dietary r physician detailing your child' to omit and food(s) to serve a	s disability, a	n explanatio	n of why the	disability	y restri	cts your child's substitution(s)	diet, the ma	jor life activi s special diet	ty affected by tary need is the	he disability, result of a di	and the food(s) sability.	
0						Original Com	•	Year Updat		r <sup>rd</sup> Year Updat		
SIGNATURE OF PARENT OR	GUARDIAN	:				DATE:	IN.	ITIALS & DA	TE: I	NITIALS & D	ATE:	

# **Building For the Future**

This facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving child care, participating in afterschool programs, or residing in homeless shelters.

Each day, more than 2.6 million children participate in the CACFP across the country. Participating facilities are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of child care, afterschool programs, and homeless shelters, and making it more affordable for low-income families.

#### Meals

#### Participating facilities must follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups: )
Milk	Milk	Milk
Fruit or Vegetable	Meat or meat alternate	Meat or meat alternate
Grains	Grains	Grains
Meat or meat alternate (in place	Fruit	Fruit
of entire grain max of 3	Vegetable	Vegetable
times/week)		

## Participating Facilities

Many different facilities operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers
- Family Day Care Homes: Licensed or certified private homes
- Afterschool Programs: Centers in low-income areas providing free meals and snacks to school-age children and youth
- Homeless Shelters: Emergency shelters providing food services to homeless children

#### Eligibility

State agencies reimburse facilities that offer services to the following participants:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool programs in needy areas and homeless shelters

### Contact Information

If you have questions about the CACFP, please contact one of the following:

Participating Agency Contact Information	State Agency Contact Information
Jenna Van Den Wildenberg, Executive Director	Amanda Kane, RDN, CD, Director
Horizons Unlimited, Inc.	Community Nutrition Programs
225 E. 2nd St	Wisconsin Department of Public Instruction
Kaukauna, WI 54130	P.O. Box 7841
920-462-4805	Madison, WI 53707-7841
horizonsfoodprogram1991@gmail.com	608-267-9129

