



**Child Care Name:** \_\_\_\_\_

**Instruction for Parents/Guardians:**

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

CHILD'S NAME:	PARENT'S/GUARDIAN'S NAME:
CHILD'S DATE OF BIRTH:	ADDRESS:
	PHONE:

**PLEASE CHECK THE ETHNIC & RACIAL IDENTITY OF YOUR CHILD. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. THE COLLECTION OF THIS INFORMATION IS ONLY FOR STATISTICAL PURPOSES.**

Ethnic Category:  Hispanic or Latino  Not Hispanic or Latino

Racial Category:  American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

**Hours and Meals While in Care**

	Hours Normally in Care				Meals Normally Received While in Care: (Check all that apply)					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday										
<input type="checkbox"/> Monday										
<input type="checkbox"/> Tuesday										
<input type="checkbox"/> Wednesday										
<input type="checkbox"/> Thursday										
<input type="checkbox"/> Friday										
<input type="checkbox"/> Saturday										

**Additional Information if your child's schedule varies:**

**Infant Meal Notification**  
*To be completed for children under 12 months*

The child care center offers \_\_\_\_\_ iron fortified infant formula which:  I Accept  I Decline  
*(Center must write in the name of formula offered)*

When your infant is developmentally ready for baby food, the childcare provider/center will supply infant cereal and other foods that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements and must indicate that below.

**Which of the following applies:**

- I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.
- I will supply infant cereal and infant foods for my child when appropriate.

**If breastfeeding which applies:**

- I will supply expressed (pumped) breast milk and have the center supplement formula if necessary.
- I will supply expressed breast milk and supplement formula if necessary.

**Special Dietary Needs**

**Does your child have a special dietary need(s) that differs from the meal pattern requirements?**  Yes  No

If yes, you must provide documentation to the center that has been completed by your child's health care provider detailing what food(s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e. soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved soy milks. The center may choose to not provide the substitution.

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to provide the substitution(s) if your child's special dietary need is the result of a disability.

<b>SIGNATURE OF PARENT OR GUARDIAN:</b>	<i>Original Completion</i> <b>DATE:</b>	<i>2<sup>nd</sup> Year Update</i> <b>INITIALS &amp; DATE:</b>	<i>3<sup>rd</sup> Year Update</i> <b>INITIALS &amp; DATE:</b>

**Good nutrition today means a stronger tomorrow!**

# Building for the Future with CACFP



This program receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

**Meals served here must meet USDA's nutrition standards.**

## Questions? Concerns?

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

Learn more about CACFP at USDA's website: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

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