**CHILD ENROLLMENT FORM**

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| Name of Institution: | Sponsor ID Number: |
| Name of Facility: |

IDOE/CACFP

June 2019

|  |  |
| --- | --- |
| **Child’s Name:** | **Birthdate:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Please enter the normal hours your child is in care on the specific days of care. |  |  |  |  |  |  |  |
| Please check (√) the meals your child normally receives while in care. | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ | Breakfast\_\_\_AM snack\_\_\_Lunch\_\_\_\_\_\_PM snack\_\_\_Supper\_\_\_\_\_Night snack\_\_ |
| **If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (√) here \_\_\_\_\_\_** |

**FOR INFANTS ONLY**: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

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| Infant Formula |
| This facility will provide the following iron-fortified infant formula: |  |
| Check here to accept:  |  | Check here to decline: |  | Provide name of parent-provided formula: |  |
| Infant Meals and Snacks |
| Check here to accept: |  | Check here to decline: |  |  |
|  |

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

|  |  |
| --- | --- |
| Printed name of parent/guardian: | Phone Number: |
| Signature of parent/guardian: | Date: |