

# CHILD ENROLLMENT FORM

IDOE/CACFP  
June 2019

Name of Institution: Little Step

Sponsor ID Number: 1840012

Name of Facility: Little Step

**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_x__ Lunch_x__ PM snack___ Supper_x__ 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

<p><u>Infant Formula</u>                  This facility will provide the following iron-fortified infant formula: _____                  Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____</p>
<p><u>Infant Meals and Snacks</u>                  Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/></p>

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: \_\_\_\_\_

This institution is an equal opportunity provider.