



Revised 5/2011

Iowa Child and Adult Care Food Program Child Care Enrollment Form

Name: _____

Birth date: _____

The following information is requested by the Federal Government in order to monitor compliance with civil rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Indicate the 1. ethnic and 2. racial identity of the enrolled child with a check mark in the appropriate box below. Answering these questions is voluntary.															
1. Ethnic Identity of Child	Hispanic or Latino	<input type="checkbox"/>	Non Hispanic or Latino	<input type="checkbox"/>	2. Racial Identity of Child	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>

My infant/child's usual times of attendance will be:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: Arriving at _____ Leaving at _____

Arriving at _____ Leaving at _____

Summer or School Vacation Hours: Arriving at _____ Leaving at _____

My infant/child's anticipated meal participation will be:

Breakfast AM Snack Lunch PM Snack Supper Late night Snack

Infants only (0-12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to all ages of children. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X or √) your choice(s) of the following options that will fulfill your infant's food needs.

I will provide breast milk for my infant. Center formula may be used to supplement feedings if necessary: Yes No

I will provide infant formula for my infant. Name of formula: _____

I accept the center's formula for my infant. Name of formula: _____

I will provide a statement from a medical authority for non-reimbursable formula. Name of formula: _____

I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.

I will provide solid foods for my infant. The center may supplement with additional solid foods when my infant needs them: Yes No

Parent Signature _____ Date: _____