Child and Adult Care Food Program (CACFP)
Child Enrollment Form for Family Day Care Homes

Please download as a PDF and print it/ If you want us to mail it to you let us know

Your family day care home provider participates in the U.S. Department of Agriculture (USDA) CACFP. This program helps us provide nutritious meals and snacks to children enrolled in our family day care home. For information on the CACFP meal pattern requirements, review the CACFP Meal Patterns for Children and the CACFP Infant Meal Patterns at https://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Child-Care-Programs.

The CACFP regulations do not allow us to charge you separate fees for meals or ask you to provide food for your children for CACFP meals and snacks. Regular day care fees cover the cost of care and food not reimbursed by the CACFP.

Section 1 - Waiver of CACFP participation

Check here **only** if you are choosing **not** to enroll your child in the CACFP. Complete section 2 & 3 and return to your provider.

____I do **not** want my child to participate in the CACFP.

Section 2 - CACFP enrollment

To verify your child's enrollment in this family day care home, complete this form, and return to the family day care provider. You may be contacted by the Sponsor, the Connecticut State Department of Education, or the USDA to verify this information. ***Please print all the information.***

Day care provider's name:_____

Child's name:_____ Birth date:_____
Last name *First name* *Month, day, year*

_____Male _____Female First day of attendance:_____

Days and hours of care and meals served

Complete the chart below. My child will normally be in child care during the following days and times, and will receive the meals indicated below. Check all days that apply:

___Monday	___Tuesday	__Wednesday	___Thursday	___Friday	___Saturday	___Sunday

*Fill in hours; circle AM or PM **and** meals normally served to child:*

Hrs of care: _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM	**Hrs of care:** _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM
Breakfast	**B**reakfast	**B**reakfast	**B**reakfast	**B**reakfast	**B**reakfast	**B**reakfast
AM Snack	**A**M Snack	**A**M Snack	**A**M Snack	**A**M Snack	**A**M Snack	**A**M Snack
Lunch	**L**unch	**L**unch	**L**unch	**L**unch	**L**unch	**L**unch
PM Snack	**P**M Snack	**P**M Snack	**P**M Snack	**P**M Snack	**P**M Snack	**P**M Snack
Supper	**S**upper	**S**upper	**S**upper	**S**upper	**S**upper	**S**upper
Eve **S**nack	**E**ve **S**nack	**E**ve **S**nack	**E**ve **S**nack	**E**ve **S**nack	**E**ve **S**nack	**E**ve **S**nack

___Check here if your child will be attending a daycare on school vacation days and days off from school.
What hours will child be in daycare?_____Circle meals that will be served: B **AM** L **PM** S **LS**

For infants only:

Infant formula: The provider offered to serve:_____

*Name of approved iron-fortified infant formula **

Check all that apply:

- I would like my child to receive the above named iron-fortified infant formula supplied by the provider.
- I will provide my own infant formula:Name of approved iron-fortified infant formula *_____
- I will provide expressed breast milk for my child.
- I will breastfeed my child on site in the day care home.

* **Note**: Infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA's infant formula regulations indicated in USDA Memo CACFP 02-2018: *Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program*; *Questions and Answers.* Infant formulas that do not meet these requirements cannot be substituted unless an infant has a disability that restricts his/her diet, and the parent/guardian provides a medical statement signed by a recognized medical authority. Recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs). Medical statements are available on the Connecticut State Department of Education's (CSDE) Special Diets in CACFP Child Care Programs webpage.

Section 3 - Contact information and signatures

Child's Name:_____

Parent/guardian name:_____

Address:_____ City:_____ State:_____ Zip:_____

Work phone:(___)_____ Home phone: ( )_____

Parent signature: _____Date:_____

Provider's signature:_____ Date: _____

Racial and ethnic identity (optional) *You are not required to complete this part.*

Ethnicity *(Check one):* ____Hispanic/ Latino ____Not Hispanic/Latino

Race *(Check one or more):* ____ Black or African American ____ White ____ Asian

____ American Indian or Alaska Native ____Native Hawaiian or other Pacific Islander

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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