

CHILD ENROLLMENT FORM

Dear Parent/Guardian,
 Your family child care provider participates in the Child & Adult Care Food Program (CACFP) sponsored by the Southeastern North Dakota Community Action Agency (SENDCAA). Your provider has made a commitment to serve children nutritious, well-balanced meals and snacks, following USDA guidelines at no charge to you. If you have any questions please call our office at 701-232-2452 or 800-726-7960.



CHILD'S NAME - First & Last (Please print)	BIRTH DATE	AGE	GENDER	DAYS ATTENDING							MEALS SERVED				
				M	T	W	TH	F	SA	SU	BR	AM	LU	PM	DN
1.			M F												
2.			M F												
3.			M F												
4.			M F												

List your child's **NORMAL** arrival and departure times: From: _____ To: _____

List any variations in your schedule: _____

Relation to provider: _____ Not Related/Daycare Child _____ Own Child _____ Helper's Child _____ Foster Child

Special Diet: ____ Yes ____ No If Yes, please explain: _____

PARENTS OF INFANTS: Children must be served breastmilk or iron-fortified infant formula until they are one year of age, unless a diet statement is on file signed by the child's physician specifying the child's alternative needs. All other food items must be provided by your child care provider when age-appropriate, consistent with CACFP guidelines. Your child care provider must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula.

My choice of CACFP Infant Participation is:

- I choose to supply breastmilk to my child care provider to serve at meal time.
- I choose to accept the iron-fortified infant formula (Brand: _____) that my child care provider has offered.
- I have chosen to decline the brand of infant formula my child care provider has offered and provide (Brand: _____) infant formula for my infant.

CIVIL RIGHTS INFORMATION: The collection of this information is strictly for statistical reporting requirements and has no effect on determining your child's eligibility to receive benefits.

Child Race: Asian Black or African American Native American or Alaska Native White
 Native Hawaiian or Other Pacific Islander Other

Child Ethnicity: Not Hispanic or Latino Hispanic or Latino

Parent/Guardian Info:

Name: _____
 (Please Print)

Address: _____
 (Street) (City) (State) (Zip Code)

Phone: _____ Email: _____

I have verified that the above information is correct, and I have received a copy of this completed form.

Parent/Guardian's Signature: _____ **Date:** _____

Provider Name (Please Print): _____ **Control #:** _____

Provider Signature: _____ **Date Child Enrolled:** _____

SENDCAA Child & Adult Care Food Program, 3233 S. University Dr., Fargo, ND 58104