



SENDCAA CACFP Child Enrollment Form

Fargo 232-2452 or 1-800-726-7960

Wahpeton 642-3497

Your family child care provider participates in the Child/Adult Care Food Program 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 the office.

Parent's/Guardian's Name: _____
(Please Print)

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

Home Phone: _____ Work Phone: _____

CHILD'S NAME (Please Print) First and Last Name	BIRTH DATE	AGE	G E N D E R	PROVIDER'S OWN CHILD	FOSTER CHILD	DAYS ATTENDING							MEALS SERVED						
						M	T	W	T H	F	S A	S U	B R	A M	L U	P M	S U P	E V E	
1.			M F	Y N															
2.			M F	Y N															
3.			M F	Y N															
4.			M F	Y N															

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

List any variations in your schedule: _____

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.

**Please indicate the ethnic identity of your children by placing a check in the appropriate box or box: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

**Please indicate the racial identity of your children by placing a check in the appropriate box or boxes: ☐ Asian ☐ Black or African American

☐ Native American or Alaska Native ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other

PARENTS OF INFANTS:

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. Children must be served breast milk 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.

My choice of CACFP Infant Participation is:

- ☐ I choose to supply expressed breast milk 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.
- ☐ My child care provider has offered the following brand, _____. I have chosen to decline this brand and provide the formula for my infant.

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

This institution is an equal opportunity employer