

Dear Parents:

Your Day Care Home Provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in Family and group child care homes. The USDA has guidelines that your provider has agreed to follow.

Under the regulations of the CACFP, your Day Care Home Provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our Program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.

I have verified that the information is correct, and I have received a copy of this completed form and the Building For The Future Flyer.

Parent/Guardian Signature:

Date:

DCH Provider's Signature:

ID#:

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CCFP Child Care Food Program

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Status: P A

Received by:

Date:

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Provider:

Phone:

Address:

CHILD ENROLLMENT REPORT



Child Care Food Program
150 River Oaks Parkway F-1
San Jose CA 95134

CHILD INFO:

First Name: _____ MI: _____ Last Name: _____
 Ethnicity: _____ Race: _____
 Address: _____
 City: _____ Provider's Own: YES NO
 State: _____ Zip Code: _____ Sex: M F
 Date of Birth: _____ Enrollment Date: _____ Withdrawal Date: _____

PARENT INFO:

Sex: M F
 First Name: _____ MI: _____ Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Email Address: _____
 Phone: Home: _____ Work: _____ Cell: _____

NORMAL SCHEDULE:

Participating Days: MON TUES WED THURS FRI Days Vary: YES NO
 Time Range: _____ Times Vary: YES NO
 Participating Meals: B AMS L PMS D EveS

SPECIAL INFO:

School Name: _____
 Participates in CACFP: YES NO School District: _____
 Special Diet: YES NO Days Attend: MON TUES WED THURS FRI
 Special Needs: YES NO School Depart/Return Times: _____
 If Yes, is marked for either Special Diet or Special Needs, attach a physician signed medical statement.

BREAST MILK AND IFON-FORTIFIED INFANT FORMULA (IFIF):

Your Provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breast milk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily. If you choose to supply breast milk for your infant, write "Parent Supplies Breast milk or IFIF" on this form. If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula and you will be supplying in the space provided on this form and write "Parent Supplies Breast milk or IFIF" on this form. If the formula you provide is low-iron fortified, non-iron fortified, or a specially formula, a medical statement is required.

When your infant is four months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by 7CFR226.20. These foods will include iron-fortified infant cereal, fruits vegetables, meats, and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplemental foods and refusing the Provider's supplemental foods.

Not to parents who receive formula through the WIC program: Your infant is eligible to receive formula from this child care facility as well as from the WIC program. It is your decision which formula you want your infant to use when in child care.

Formula: _____ Formula Offered by Provider: _____
 Food: _____ Formula Offered by Parent: _____

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