USDA FOOD PROGRAM ENROLLMENT FORM

[TO BE FILLED OUT BY PARENT/GUARDIAN ONLY]

This information will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

DO NOT USE BUSINESS NAME

Child Care Providers Name: _____ **USDA Provider Number:** | | | | |

This enrollment form is for New Child **or is an** Update **(Circle one)**

PLEASE PRINT CLEARLY

Childs#	Childs Full Name	M/F	Date of Birth	School Level: Preschool	Kindergarte	Elementary	Usual Hours in Care	Usual Meals (Mark "X" or "occ"): Breakfast	AM Snack	Lunch	PM Snack	Dinner	Late Snack
							From: To:						
							From: To:						
							From: To:						

1. **Date of first day in care:** ____/____/____ (MM/DD/YY)
2. **Usual number of days in care:** _____ Days
3. **Days of week usually in care:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
4. **If child care schedule occasionally varies from the above;**
   A. Please mark days that vary: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
   B. Please mark hours and meals that vary: From: _____ To: _____ ☐ B ☐ A ☐ L ☐ P ☐ D ☐ LNS
5. **Please initial if child is in care when there is no school:** _____
6. **Relationship to the Provider** ☐Related Nonresident ☐Not related ☐Own child ☐Provider's foster child ☐Helper's Child?
7. **Comments on child's schedule:** _____
8. **Note any food allergies here:** _____

** A note from doctor or RN is required if dairy, wheat or other significant allergy.*

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any of the scheduled meal services, as those meals will be charged to USDA. I have received a copy of Building for the Future which explains the goals of the Child and Adult Care Food Program. I understand that the child care home cannot and will not discriminate for reasons of race, color, national origin, age, sex, or disability.

If there is more than one parent or guardian responsible for the child(ren), please fill out complete information for BOTH adults.

Parent or Guardian Name -- *please print*	Employer	Work Phone
Address:	**Email Address**	
City	**State**	**Zip Code**
Parent or Guardian Signature	**Date**	**Home Phone**

If needed, I would prefer being called to update or verify this information at: ☐Home ☐Work **Best time to call:**

RACIAL-ETHNIC HERITAGE OF YOUR CHILDREN -- Although you are not required to provide this information, your cooperation will help determine compliance with federal Civil Rights law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please check your child's racial ethnic identity. USDA and the state of Oregon are equal opportunity provider and employer.

Mark (1) ethnic identity
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Mark (1) or more racial identities, if any
- ☐ American Indian & Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other: _____

Additional Information Required on Other Side of Form for Children Under One Year.

CACFP Infant Feeding Benefit Notification and Acknowledgement

Infant's Name: _____ **DOB:** _____
Provider's Name: _____

To: Parents/Guardians of infants, birth through 11 months old
Your family day care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Oregon Department of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care. Your family day care home provider follows the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and development readiness of your baby. As the parent/guardian, you are the main source of nutritional and developmental information for your baby.

USDA supports and encourages moms to continue breastfeeding when returning to work or school. For formula fed infants, the following USDA-approved iron-fortified infant formula(s) will be provided to babies in care:

Milk-based iron-fortified formula: _____
Soy-based iron-fortified formula: _____

USDA Meal Pattern Requirements For Infants

Age	Breakfast	Lunch or Supper	Snack
0-3 months	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk
4-7 months	4-8 fluid ounces iron-fortified formula or breast milk Optional: 0-3 tbsp iron-fortified infant cereal	4-8 fluid ounces iron-fortified formula or breast milk Optional: 0-3 tbsp iron-fortified infant cereal Optional: 0-3 tbsp fruit and/or vegetable	4-6 fluid ounces iron-fortified formula or breast milk
8-11 months	6-8 fluid ounces iron-fortified formula or breast milk *AND* 2-4 tbsp iron-fortified infant cereal *AND* 1-4 tbsp fruit and/or vegetable	6-8 fluid ounces iron-fortified formula or breast milk *AND* 2-4 tbsp iron-fortified infant cereal *AND/OR* 1-4 tbsp meat, fish, poultry, egg yolk, or cooked or dry beans or peas; or ½ - 2 oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food, or cheese spread *AND* 1-4 tbsp fruit and/or vegetable	2-4 fluid ounces iron-fortified formula or breast milk or 100% fruit juice Optional: ½ slice bread or 0-2 crackers (made from whole grain or enriched flour)

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future. If you choose to accept CACFP benefits in the future, you must notify your family day care home provider. If you feel these benefits are not being offered as described in this letter, contact:

Debbi Hoffmeister – 503.489.2509
Child Care Development Services

This family day care provider has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in the CACFP. I have received a copy of this form for my records.

_____ _____
Parent/Guardian Signature **Date**