



Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the center follows federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires parents to provide specific enrollment information on an annual basis. This form will be placed in center files and treated as confidential information. Complete one form for all of your children who are enrolled at the center.

May 2024

## Iowa Child and Adult Care Food Program Child Care Enrollment Form

Last Name, First Name	Birthdate	Times of Care		Regular Days of Care							Meals Served During Care					Ethnicity/Race*			
		Arrival	Departure	M	T	W	Th	F	S	S	B	AM Sn	Lu	PM Sn	D	E Sn	Ethnicity	Race	

\*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

\*Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Native Hawaiian or Other Pacific Islander. This information is requested by the Federal Government in order to monitor compliance with Civil Rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that organizations may not discriminate on the basis of this information nor on whether you choose to furnish it.

**Infants only (0 to 12 months):**  I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages; you are not required to provide infant food or formula. Infant feeding is based on Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Mark (X) to indicate your choice(s) below:

- I will provide breastmilk for my infant.  Yes  No **If infant is still hungry and no breastmilk is available, list what to feed** \_\_\_\_\_
- I would like to breastfeed on site, if this option is available<sup>1</sup>.  Yes  No If yes, time(s) \_\_\_\_\_
- I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): \_\_\_\_\_
- I accept the center's formula for my infant. Name of iron-fortified formula: \_\_\_\_\_
- I will submit a Diet Modification Request Form for non-reimbursable formula. Name of formula: \_\_\_\_\_
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant<sup>2</sup>. The center may supplement with additional solid foods when my infant needs them:  Yes  No

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ (Make any needed changes above, sign and date)

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ (Make any needed changes above, sign and date)

<sup>1</sup>Ask your center if you can breastfeed on-site.

<sup>2</sup>The parent may provide no more than one required meal component in order for the center to claim reimbursement for the meal. DHS licensed centers must follow CACFP infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request.

*This institution is an equal opportunity provider.*