Douglas County Child Development Association
Child and Adult Care Food Program
935 Iowa Street, Lawrence, KS 66044-1836
(785) 842-9679 fax (785) 842-1412
e-mail: dccdafp@yahoo.com
website: www.dccda.org

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

PROVIDER'S NAME_____

ADDRESS_____

PHONE_____

Dear Parent or Guardian:
By completion of this document, you are enrolling your child in the *Child and Adult Care Food Program* that is sponsored by DCCDA. The CACFP is a federally funded program under the United States Department of Agriculture (USDA) which extends the National School Lunch Program to children in family child care homes. Your provider has chosen to participate in this program, and agrees to follow the guidelines and regulations mandated by the program. In return, your provider is reimbursed a meal rate to help with the cost of serving nutritious meals to all children in her care.

Last Name, First Name	Date of Birth	age	Enrolment date	Times of care Time In	Time Out	Regular days of care M	T	W	T	F	S	S	Meals child is served during care brkfast	snack	lunch	snack	supper	snack

Do your school age child(ren) attend this daycare when school is not in session ___no ___yes Name of School _____
If your child(ren)'s schedule changes frequently, please explain why

Race information is requested by the USDA to assure compliance with Title IV. Collection is strictly for statistical reporting requirements and is **OPTIONAL. Please check what applies: ___Asian___ White ___Hispanic or Latino ___American Indian or Alaska Native ____Black or African American ___Native Hawaiian or Other Pacific Islander

FORMULA OPTIONS FOR INFANTS
(FILL IN ONLY IF YOU HAVE AN INFANT UNDER 12 MONTHS)
To meet CACFP requirements, the iron-fortified formula your provider serves to infants in her/his care through your infant's first year is:

_____
____No Formula offered because is breastfed ONLY
You, as the parent, may choose to accept this formula, or you may choose to supply another type of iron-fortified formula and/or solid foods until your infants 1st birthday.

√ **Check what applies**

___ parent accepts formula provider offers
___ parent accepts provider's food when infant is developmentally ready
___parent supplies formula (please list type):_____
___parent supplies breast milk
___parent supplies food when infant is developmentally ready

I understand that my child/children will receive meals at no charge to me when they are in care during any of the scheduled meal services. 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 day care home cannot and will not discriminate for reasons of race, color, national origin, gender, age, or disability. I understand that I may be contacted by my provider's sponsor, ***Douglas County Child Development Association*** (DCCDA), regarding meals she/he has claimed. If I need to be contacted by phone to update and/or verify this information, I would prefer being called at (circle): work home home phone_____ work_____

_____ _____
Parent's name (print) street address city/zip+4

_____
Parents signature date___/____/__

In accordance with Federal Law and the USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Ave. SW, Washington, Dc. 20250-9410 or call (202) 720-5964 (voice and TDD. USDA is an equal opportunity provider and employer. *Revised 1005*