

## Participant/Child Enrollment Form - CACFP

Sponsor/CE Name: Nutri Cube

CE ID: \_\_\_\_\_

New ☐ Update ☐

Center/Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Enrollment Date (Original): \_\_\_\_\_ Sex: M ☒ F ☒ Withdrawal Date: \_\_\_\_\_

Days child normally attend the facility: Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐

Meals/Snacks normally served to child in care : Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack ☐

Race (choose all that apply):

White ☐ Asian ☐ Black or African American ☐ American Indian/Alaska Native ☐ Native Hawaiian or Pacific Islander ☐

Ethnicity (choose one): Hispanic or Latino ☒ Non-Hispanic or Latino ☒
**Note: If participant is an infant (0 – 11 months), please complete below box (Check all the applicable choice(s) below):**

This Facility offers _____ formula for infants through CACFP. It is up to you whether or not to use this formula based on your infant's needs. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.		
Please mark your preference (choose all that apply)	<u>Today's date</u> Birth – 5 Months	<u>Today's date</u> 6 – 11 Months
I will bring expressed breast milk for my infant:		
I want the center to provide the Infant formula for my infant		
I will bring the infant formula for my infant. It is the following brand:		
According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.	Please mark your preference	<u>Today's date</u> 6 – 11 Months
	I want the center to provide the Infant cereal and other foods for my infant	
	I will bring the infant cereal and/or other foods for my infant	

*I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility form, letter to Household, WIC information, Building for the Future Flyers, Civil Rights Stmt.*

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_