



Parent/Guardian Instructions:

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

Child Care Center Name CLAUDI'S KIDS, INC	Child's Name	Child's Date of Birth <i>Mo./Day/Yr.</i>
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HOURS AND MEALS WHILE IN CARE

Days Normally in Care <i>Check all that apply</i>	Hours Normally in Care				Meals Normally Received While in Care <i>Check all that apply.</i>					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information if Your Child's Schedule Varies

INFANT MEAL NOTIFICATION

To be completed for children under 12 months
 Refer to back of form for CACFP Meal Pattern Information

Use of Formula

I accept I decline

The child care center offers _____ iron fortified infant formula.
(Center must write in the name of formula offered)

I understand the child care center will supply infant cereal and other foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements. Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100 percent full strength juice that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements.

Infant Food/Cereal Options

- I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.
- I will supply infant cereal and infant foods for my child when appropriate.

Breastfeeding Options *Check one if appropriate*

- I will supply breast milk and have the center supplement formula if necessary.
- I will supply breast milk and/or formula.

SPECIAL DIETARY NEEDS

Does Your Child Have a Special Dietary Need(s) That Differs From the Meal Pattern Requirements? No Yes

If **yes**, you must provide documentation to the center that has been completed by your child's health care provider detailing what food(s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e., soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved milk substitutes. The center is not required to supply the substitution(s).

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to supply the substitution(s) if your child's special dietary need is the result of a disability.

ETHNIC AND RACIAL DATA INFORMATION—OPTIONAL

Ethnicity <i>Check one</i>		Race <i>Check all that apply</i>				
Hispanic/Latino	Not Hispanic/Latino	American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/Other Pacific Islander	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian

Original Completion Date
Mo./Day/Yr.

2nd Year Update
Initials *Mo./Day/Yr.*

3rd Year Update
Initials *Mo./Day/Yr.*

