

CHILD ENROLLMENT/INFANT PARTICIPATION FORM - CACFP

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
(Rev. 7-13) G/Tools/CACFP/Child Enrollment/Infant Participation form-CACFP

To be completed by **parent or guardian only**

Center Name:

In the chart below, please indicate the normal days and hours your child(ren) is in care, and the meals received while in care

Children's Names	Date of Birth	Age	Normal hours in child care	Please check (√) meals your child normally receives while in care					
				Breakfast		Lunch		PM Snack	
				Breakfast		Lunch		PM Snack	
				Breakfast		Lunch		PM Snack	
				Breakfast		Lunch		PM Snack	

Children are usually present in the Day Care Center on a:

Full-time Basis
 Part-time Basis
 Before and After School Care
 School -Out days
 Summer Care

Parent's Name	Parent's Signature
Address	
Telephone Number	Date

PARENTS OF INFANTS

Your child care center must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age. All other food items must be provided by your center when age-appropriate, consistent with CACFP guidelines.

My Choice of CACFP Infant Participation is:

- I choose to supply expressed breast milk to my child care provider to serve at meal time.
- I choose to accept the iron-fortified infant formula (brand: _____) that my child care center has offered.
- My child care center has offered the following brand, _____. I have chosen to decline this brand and provide the formula for my infant.
- I choose not to enroll my infant in the CACFP at this time. I will provide all food for my infant.

Parents Signature

Date

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable; political beliefs, marital status, familial or parental status, sexual orientation or all or part of the individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at

HYPERLINK <http://www.ascr.usda.gov/complaint> http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form. or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400

Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at HYPERLINK <mailto:program.intake@usda.gov> program.intake@usda.gov . Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA is an equal opportunity provider and employer.