

- 2012 - PARENTS must complete.

Child & **A**dult **C**are **F**ood **P**rogram **ENROLLMENT FORM** Day Care Connection (913)529-1200 DCC# _____

(Check) NEW CHILD _____ UPDATED INFO _____

PROVIDER'S NAME _____

CHILD(REN) NAME _____
1st / last _____
_____ 1st / last _____
_____ 1st / last _____

BIRTH _____ / _____ / _____
Mo Day Yr
BIRTH _____ / _____ / _____
Mo Day Yr
BIRTH _____ / _____ / _____
Mo Day Yr

Required Info: As parent/guardian, I verify these child(ren) are enrolled with provider above. I understand s/he participates in CACFP through DCC. CACFP provides nutrition education & reimburses meal costs served to my child while in day care. If my child is less than 12 mo old, I understand s/he will be offered a complete, developmentally appropriate meal. And, at 8 mos old, I understand s/he will be offered appropriate solid foods by provider. (See CACFP Infant Meal Offer Form.) I certify this form is correct. *-This institution is an equal opportunity provider.-*

USUAL DAYS/MEALS (Circle) S M T W Th F S B Snk L Snk D(not before 5:30) Snk DAILY HRS: _____ to _____

PARENT _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME() _____ WORK() _____

Is child related to provider? (Circle) Y or N If "Y", how? _____ ETHNICITY (Circle) H (Hispanic/Latino) N (NOT Hispanic/Latino)

RACE (Circle) W- (White), B- (Black/African American), I- (American Indian/Alaskan Native), A- (Asian), P- (Native Hawaiian/Other Pacific Islander)

1st DAY ON MENU _____ (If NOT new on menus, write "CONT" for continued.)

CACFP is not a recommendation or program endorsement. Parent/guardian has sole responsibility for appropriateness of child care placement.
DCC assumes no liability in this regard.

I, (THE PARENT) HAVE FILLED OUT THIS FORM SOLELY & COMPLETELY.

PARENT SIGNATURE X _____ Date _____ Enrollment expires 12/31/12 OR last day in care.

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