

**CACFP COVER SHEET**  
**DAY CARE CONNECTION**  
8855 Long, Lenexa, KS 66215  
529-1200

Date \_\_\_\_\_ Mo/Yr of Attached Menus \_\_\_\_\_

Name *(Please print.)* \_\_\_\_\_

Add These Kids to My File *(My Enrollment Forms are included.)*

Kids Who Left & Will No Longer Be Listed on My Menus

Monthly Referral Update *(Please check.)*

I have following openings:

\_\_\_\_\_ infant \_\_\_\_\_ 18 mo-5 yrs \_\_\_\_\_ school age  
\_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ drop-in \_\_\_\_\_ no openings \_\_\_\_\_ other.

Ages of Own Kids \_\_\_\_\_

Infant(s) in Care:

Who \_\_\_\_\_ Formula+Iron*(Brand)* \_\_\_\_\_ or Breastmilk *(ck)* \_\_\_\_\_  
Who \_\_\_\_\_ Formula+Iron*(Brand)* \_\_\_\_\_ or Breastmilk *(ck)* \_\_\_\_\_  
Who \_\_\_\_\_ Formula+Iron*(Brand)* \_\_\_\_\_ or Breastmilk *(ck)* \_\_\_\_\_  
Who \_\_\_\_\_ Formula+Iron*(Brand)* \_\_\_\_\_ or Breastmilk *(ck)* \_\_\_\_\_

I certify all infant cereal served is iron-fortified (IFC). *(check)* \_\_\_\_\_

Dates School Was Out: \_\_\_\_\_

Comments/Questions/Suggestions:

**Please note: CACFP forms are mailed out to you 3x/yr (JAN, MAY & SEPT).**

\_\_\_\_\_ **Don't mail my check.** *(DCC will call when ready.)*

I certify my menu claim is true & correct to the best of my knowledge.  
I understand this info. is being given in connection with receipt of federal funds.  
Deliberate misrepresentation may subject me to prosecution under applicable state/federal criminal statutes.

Signature X \_\_\_\_\_

*(This is required for \$ reimbursement!)*  
3/07