Child and Adult Care Food Program CHILD ENROLLMENT FORM
Child Care Centers/Head Start Programs

Bright Beginnings Learning Center
CACFP Sponsor Name/Site Name

TO BE COMPLETED BY PARENT/GUARDIAN ONLY

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care.
Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed.
Parents/guardians of all infants must complete the Infant Formula Selection section.

Children's Names	Normal Hours in Care		Normal Meals and Normal Days in Care
	Enter the **time** your child usually *arrives* each day.	Enter the **time** your child usually *leaves* each day.	
Last: First	Time ☐ AM ☐ PM	Time ☐ AM ☐ PM	**Normal Meals While In Care** Breakfast ☐ Lunch ☐ PM Snack ☐ **Normal Days of the Week in Attendance** Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐
Last First	Time ☐ AM ☐ PM	Time ☐ AM ☐ PM	**Normal Meals While In Care** Breakfast ☐ Lunch ☐ PM Snack ☐ **Normal Days of the Week in Attendance** Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐
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Parent/Guardian Print Name: _____ Date_____

Parent/Guardian Signature: _____

INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age

This center provides: **Similac Advance** iron fortified infant formula.

Check one: ☐ I accept the center provided formula
☐ I decline the center provided formula
I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child.
If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

Updates: *(annual at a minimum)*	The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. *If there are many changes, please complete a new form.*	
First Update	*Parent/Guardian Signature*	*Date*
Second Update	*Parent/Guardian Signature*	*Date*
Third Update	*Parent/Guardian Signature*	*Date*
Fourth Update	*Parent/Guardian Signature*	*Date*

This institution is an equal opportunity provider.