

CACFP Child Enrollment Form

Child Info

First Name _____ MI _____ Last Name _____ Date of Birth _____

Address _____ City _____ St _____ Zip _____ Male Female

Child's Race (If applicant declines self-identification, visual identification will be made if information is not available from other school sources)

- Hispanic/Latino Black or African American Asian
 White(not Hispanic) American Indian/Alaska Native Native Hawaiian/Pacific Islander

Parent Info

First Name _____ MI _____ Last Name _____ Male Female

Address _____ City _____ St _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Child Attendance

I anticipate the days my child will attend will be Mon Tues Wed Thurs Fri Sat Sun

Drop Off Time _____ AM PM Pick Up Time _____ AM PM Days Will Vary Times Will Vary

I anticipate the meals my child will in attendance for will be Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

School Info (Fill out only if your child is attending a Head Start program or a public pre-K program or if your child is kindergarten age or older)

- School Age AM Kindergarten AM Headstart
 Home-School PM Kindergarten PM Headstart
 All Year School All Day Kindergarten All Day Headstart

School Name _____ School Phone _____ District _____

Depart for School Time _____ AM PM Return from School Time _____ AM PM Mon Tues Wed Thurs Fri

Infants Only

Formula Options:

- Parent Supplies Breast Milk or Formula
 Parent Accepts Provider Supplied Formula

Parent Supplied Formula

Food Options:

- Parent Supplies Additional Foods and Refuses Provider's Foods
 Provider Supplies Additional Foods When Developmentally Appropriate

Provider Offered Formula

THIS SECTION IS TO BE FILLED OUT BY THE PROVIDER

kidz go eco LLC

Provider Name _____

Child Enrollment Date / /

Relationship to Provider

- Not Related
 Related, Non Resident
 Own Child
 Helper's Child
 Foster Child

Special Needs Child Yes No

Special Diet Yes No

If special diet, explain: _____

Private/No Pay DHHS/County

Child Participates in CACFP Yes No

Child Number _____

Child Group _____

Parent Signature _____ Date _____

Provider Signature _____ Date _____