CHILD ENROLLMENT FORM

First Choice Support Services, Inc.
P.O. Box 2392; Salina, KS 67402-2392
Salina: 785 823-3555
Wichita: 316 687-3636

Name of Day Care Provider: _____

Name of Day Care (if any): _____

Note to Parents and Guardians: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please notify your provider of any change to this form as a enrollment form will need to be completed for our records.

Please use Black or Blue pen when completing this form.

Please do not cross-out or write-over any information, if you make a mistake, please just complete a new form. Thanks

Check one of the blanks below. If this is the initial enrollment, enter the first day of care (effective date).

_____ Initial enrollment for this family OR _____ Annual update or update

_____ Effective date for enrollment: (First day child is in care and claimed on CACFP)

Does the children's schedule vary?

_____Generally Not _____Frequently

Does the child(ren) regularly attend school, preschool, etc?) _____Yes _____No

Does the child(ren) attend daycare on Holidays, school out days, etc? _____Yes _____No

Does the child(ren) eat breakfast and or lunch at school? _____Yes _____No

Child's Name	Day Care Hours	School Hours	Program Attended	Days

1.Ethnic Identity of Child (MUST CHECK ONE)

___ Hispanic or Latino OR ___Not Hispanic or Latino

2. Racial Identity of Child: (MUST CHECK BOTH 1 & 2)

___White ___Black or African American

___American Indian/Alaska Native ___Asian

___Native Hawaiian /Other Pacific Islander

(Use X's on appropriate line)

Complete this section only if your child is under 1 year of age:

Formula offered by Provider: _____

Check one:

_____ I accept the above named formula for my infant.

_____ I decline the above named formula for my infant. I will provide formula.

_____ I decline the above named formula for my infant. I will provide breast milk.

_____ I accept the above named formula to supplement with.

_____ I decline the above named formula to supplement with, I will provide the formula.

Solids:

Check one:

_____ My infant is developmentally ready to be served solid foods, such as infant cereal, meat, fruit, vegetable & bread starting at_____ months or on _____.

_____ I decline and will provide the solid foods for my infant.

Last Name	First Name	Birth Date	Times of Care		Regular Days of Care							Meals Served In Care					
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	BT

Print Child's Last and First Name (Use X's in appropriate box)

Does the above named child(ren) live with the Provider? _____Yes _____No

The children listed above are Foster Children? _____Yes _____No

Printed Parent/Guardian First and Last Name

Home Phone Work Phone

Home Mailing Address

Parent's Signature

Home City, State, Zip

Today's Date

USDA is an equal opportunity provider and employer.

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