



USDA Child Enrollment Form

Dear Parent:

As a participant in the USDA Child and Adult Food Program, we will supply the following meals and snacks for your child according to the meal pattern chart on the enclosed "Build for the Future" flyer:

_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack

For infants, we must also supply one brand of iron-fortified formula. We will provide _____ . If your infant does not drink this formula, or you wish to supply your own formula or breast milk, please check the appropriate statement below to indicate your choice. When your infant is over 4 months old and developmentally ready for solid foods, you can request that your infant be served solid foods, which we will supply.

Please complete for infants:

- _____ I will accept the formula my provider supplies
- _____ I will supply formula for my child. I am supplying _____ .
(If the formula is a specialty formula, a medical statement is necessary).
- _____ I will supply breast milk for the provider to feed my child

To be completed by Parent/Guardian

Child Name _____ Date of Birth _____ Male / Female

Days & Hours of care: M T W T F Time drop off _____ pick up _____

Check one ethnic category: _____ Non-Hispanic Latino Spanish
_____ Hispanic Latino Spanish

Check one or more racial category: _____ White _____ Black
_____ Asian/Pacific _____ American Indian or Alaska Native

Parent Signature _____ Date _____

For Agency Use

Child Enrollment Date _____ Child Ended Date _____

Center Location _____

This institution is an equal opportunity provider and employer.