



# SENDCAA CACFP Child Enrollment Form

Provider Name _____
Control Number _____
Month/Year _____

Fargo 232-2452 or 1-800-726-7960

Wahpeton 642-3497

Your family child care provider participates in the Child/Adult Care Food Program sponsored by the Southeastern North Dakota Community Action Agency (SENDCAA). Your provider has made a commitment to serve children nutritious, well-balanced meals and snacks, following USDA guidelines at no charge to you. If you have any questions please call the office.

Parent's/Guardian's Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CHILD'S NAME <i>(Please Print) First and Last Name</i>	BIRTH DATE	AGE	G E N D E R	PROVIDER'S OWN CHILD	FOSTER CHILD	DAYS ATTENDING							MEALS SERVED							
						M	T	W	T H	F	S A	S U	B R	A M	L U	P M	S U P	E V E		
1.			M F	Y N																
2.			M F	Y N																
3.			M F	Y N																
4.			M F	Y N																

List your child's **NORMAL** arrival and departure times: From: \_\_\_\_\_ To: \_\_\_\_\_

List any variations in your schedule: \_\_\_\_\_

### CIVIL RIGHTS INFORMATION

The collection of this information is strictly for statistical reporting requirements and has no effect on determining your child's eligibility to receive benefits.  
\*\*Please indicate the ethnic identity of your children by placing a check in the appropriate box or box:  Not Hispanic or Latino  Hispanic or Latino

\*\*Please indicate the racial identity of your children by placing a check in the appropriate box or boxes:  Asian  Black or African American  
 Native American or Alaska Native  White  Native Hawaiian or Other Pacific Islander  Other

### PARENTS OF INFANTS:

Your child care provider must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age unless a diet statement is on file signed by the child's physician specifying the child's alternative needs. All other food items must be provided by your child care provider when age-appropriate, consistent with CACFP guidelines.

### My choice of CACFP Infant Participation is:

- I choose to supply expressed breast milk to my child care provider to serve at meal time.
- I choose to accept the iron-fortified infant formula (brand: \_\_\_\_\_) that my child care provider has offered.
- My child care provider has offered the following brand, \_\_\_\_\_. I have chosen to decline this brand and provide the formula for my infant.
- I choose not to enroll my infant in the CACFP at this time. I will provide all foods for my infant.

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*The Child/Adult Care Food Program sponsored by SENDCAA is operated "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability." To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*