

# CHILD ENROLLMENT/INFANT PARTICIPATION FORM - CACFP

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS  
(Rev. 5/07) G/Tools/CACFP/Child Enrollment/Infant Participation form-CACFP

To be completed by **parent or guardian only**

Center Name:
--------------

In the chart below, please indicate the normal days and hours your child(ren) is in care, and the meals received while in care

Children's Names	Date of Birth	Age	Normal hours in child care	Please check (√) meals your child normally receives while in care				
				Breakfast	AM Snack	Lunch	PM Snack	Supper
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children are usually present in the Day Care Center on a:

Full-time Basis       Part-time Basis

## PARENTS OF INFANTS

Your child care center 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 and children ages 1-2 years must be served whole milk unless a signed statement from the child's doctor is on file with the center, specifying the child's alternative needs. All other food items must be provided by your center 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 served at meal time.
- I choose to accept the iron-fortified infant formula (brand: \_\_\_\_\_) that my child care center has offered.
- My child care center 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 food from my infant.

Parent's Name	Parent's Signature
Address	
Telephone Number	Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.