



Child Food Program of Texas
 P.O. Box 5465, Katy, TX 77491
 Tel: 281-395-7000, Toll-Free: 877-395-6560
 Fax: 281-395-7002

PROVIDER NAME: _____

PROVIDER NUMBER: _____

CHILD ENROLLMENT FORM

CHILD INFORMATION: Enrollment Date: _____ Withdrawal Date: _____

Child #: _____ First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Current Age: _____ Sex: _____ M _____ F Race: _____

Child's Relationship to the Provider: No Relationship Grandchild Niece/Nephew Other (explain) _____

PARENT INFORMATION:

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

SCHEDULING:

Participating Days: M T W T F S S Days Vary: Y N

My child does not attend on weekends

Participating Meals: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Participating Hours: From _____ To _____

School Info: Depart Time: _____ Return Time: _____

Days Attending School: M T W T F

SPECIAL INFORMATION:

Disability: Y N **Special Diet:** Y N (If either are yes, please attached a signed medical statement)
 I do not wish to have my child on the Food Program

INFANT INFORMATION:

Breastmilk and Iron-Fortified Infant Formula (IFIF)

Your provider is required to offer Iron-Fortified Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily.

If you refuse the provider's formula and choose to supply formula for your infant, you must check "Parent Supplies Breastmilk or IFIF" in the space below and write the brand of formula you will be supplying. If the formula you provide is low-iron fortified, non-iron fortified or a specialty formula, a medical statement is required.

Parent Supplies Breastmilk or IFIF. Name of Formula Supplied By Parent: _____

Parent Accepts Provider-Supplied IFIF. Name of Formula Supplied By Provider: _____

Food Option:

Parent Supplies Additional Food and Refused Provider's Foods

Provider Supplies Additional Foods When Developmentally Appropriate

Dear Parents:

This form is to verify that your child is enrolled in the provider's home day care and to enroll your child in the Child and Adult Care Food Program (CACFP). Under regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement and they must supply all of the components needed to meet the requirements. In an effort to improve our program, we periodically contact parents to provide input and to verify their children's attendance.

PLEASE VERIFY THE ABOVE INFORMATION AND SIGN BELOW

 PRINT Parent/Guardian's Full Name Signature of Parent/Guardian Relationship to Child Date