

FY 2019

Child & Adult Care Food Program



Effective Oct. 1, 2018 – Sept. 30, 2019

444 Minnesota Ave Suite 200  
Kansas City, KS 66101  
913-342-1110/1-800-755-0838

ENROLLMENT FORM must be completed by the parent or guardian

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

Please Print: Child/(ren)'s 1<sup>st</sup> day in care \_\_\_\_\_

**CHECK:** NEW enrollment for this family \_\_\_\_\_ **OR** UPDATED enrollment for this family \_\_\_\_\_

HOURS IN CARE

Arrival - Departure  
Time Time

Ethnicity/Race*	
Ethnicity	Race

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\***ETHNICITY** (Select one and enter in chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

\***RACE** (Select one or more and enter in chart above): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or Other Pacific Islander

Will the child/(ren)'s schedule vary? IF YES, EXPLAIN, days, hours, etc. \_\_\_\_\_

If school age child, list hours in care when no school. \_\_\_\_\_

Does the child/(ren) live in the **Providers** home? Yes or No If yes, how is/are child/(ren) related? \_\_\_\_\_

USUAL DAYS (Circle)	Monday Tuesday	Wednesday Thursday	Friday	Saturday Sunday	MEALS (circle)	Breakfast Morning Snack	Lunch Afternoon Snack	Dinner Evening Snack
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**\*If child is under 1 year of age:**

Is your Provider offering to supply formula and solid foods (appropriately textured) to your infant? check YES \_\_\_\_\_ OR NO \_\_\_\_\_

What type/brand of formula is being offered by the provider? \_\_\_\_\_

Print Parent/Guardian First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Work/Cell Phone# \_\_\_\_\_

REQUIRED INFORMATION: As parent/guardian, I verify these children are enrolled with provider above. I understand s/he participates in CACFP through The Family Conservancy. If my child is less than twelve months old, I understand s/he will be offered a complete, developmentally appropriate meal. I certify it is correct. I, THE PARENT/GUARDIAN, HAVE FILLED OUT THIS FORM SOLELY AND COMPLETELY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Enrollment expires 9/30/19 OR last day in care.

This institution is an equal opportunity provider.