

Annual Enrollment Form

Virginia Child and Adult Care Food Program

ONE FORM PER ENROLLED CHILD, NEW FORM MUST BE COMPLETED EVERY 12 MONTHS

This form is required for:	This form is NOT required for:
Child Care Centers, Head Start, Even Start, and Licensed Outside School Hours Programs	At-Risk After-School, or Emergency Shelters

Center Information - <i>Sponsoring Institutions should pre-fill this section</i>			
Joyful-Care Children's Center, LLC <small style="display: block; text-align: center;">Center Name</small>	_____ <small style="display: block; text-align: center;">CACFP Sponsor Number</small>		
_____ <small style="display: block; text-align: center;">Center Address</small>	_____ <small style="display: block; text-align: center;">City</small>	_____ <small style="display: block; text-align: center;">State</small>	_____ <small style="display: block; text-align: center;">Zip Code</small>

PARENTS/CENTERS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. **The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6.** If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD <small>(Include Birth Date/Age)</small>	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4 MEALS RECEIVED																																
_____ <small style="display: block; text-align: center;">Child's First Name</small> _____ <small style="display: block; text-align: center;">Child's Last Name</small> _____ <small style="display: block; text-align: center;">Date of Birth</small> <small style="display: block; text-align: center;">Classroom</small>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 2px;">TIME IN <small>(check AM/PM and record time)</small></th> <th colspan="3" style="padding: 2px;">TIME OUT <small>(check AM/PM and record time)</small></th> <th colspan="2" style="padding: 2px;">TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small></th> </tr> <tr> <th style="padding: 2px;">AM</th> <th style="padding: 2px;">PM</th> <th style="padding: 2px;">Time</th> <th style="padding: 2px;">AM</th> <th style="padding: 2px;">PM</th> <th style="padding: 2px;">Time</th> <th style="padding: 2px;">Leaves Center</th> <th style="padding: 2px;">Returns To Center</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8" style="padding: 2px;"> <input type="checkbox"/> Yes I work multiple shifts and chil(ren) may be in day care different days/hours <input type="checkbox"/> No </td> </tr> </tbody> </table>						TIME IN <small>(check AM/PM and record time)</small>			TIME OUT <small>(check AM/PM and record time)</small>			TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small>		AM	PM	Time	AM	PM	Time	Leaves Center	Returns To Center									<input type="checkbox"/> Yes I work multiple shifts and chil(ren) may be in day care different days/hours <input type="checkbox"/> No								<input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> After School Meal <input checked="" type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
TIME IN <small>(check AM/PM and record time)</small>			TIME OUT <small>(check AM/PM and record time)</small>			TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small>																																		
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5 Ethnic/Racial Categories <small>Please answer both questions. This information is voluntary.</small>	
A. Ethnic data of child(ren): <small>Mark one only</small>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
B. Racial data of child(ren): <small>Mark one or more that apply</small>	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native

6 Signature and Date (parent or guardian must complete this section)		
I certify the information above is correct.		
_____ <small style="display: block; text-align: center;">Signature of Parent or Guardian</small>	_____ <small style="display: block; text-align: center;">Date</small>	_____ <small style="display: block; text-align: center;">Parent's Telephone Number (optional)</small>

NON-DISCRIMINATION STATEMENT: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250- 9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Child Care Representative Use Only	
Effective Date of This Enrollment Form: _____	The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.
_____ <small style="display: block; text-align: center;">Signature of Center Representative</small>	_____ <small style="display: block; text-align: center;">Date</small>
This form is effective for 12 months from the date of parent signature.	

VIRGINIA CACFP INFANT FEEDING PREFERENCE / PARENT CHOICE FORM

Name of Infant _____ Date of Birth _____
 (first/last name) (month/day/year)

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Joyful-Care Children's Center, LLC _____ will feed your infant breast milk provided by you and/or we will
 (name of center)
 provide iron fortified infant formula. The formula we provide is: _____

Policy requires a center participating in the CACFP to offer iron fortified formula to infants who are in care during meal service times .
 Parents/guardians, however, may decline what is offered, and supply the infant's formula.

Please mark your preference (choose all that apply by initialing in the appropriate space)	Today's Date _____	Today's Date _____	Today's Date _____
	Birth - 3 months	4 - 7 months	8 - 11 months
I will bring expressed breast milk for my infant.			
I will come to the center to breastfeed my infant.			
I want the center to provide formula for my infant			
I will bring formula for my infant. The formula is: _____			

In order to claim meals for reimbursement, the center must provide iron fortified infant cereal and other foods when your baby is developmentally ready for them.

Please mark your preference	Today's Date _____	Today's Date _____
	4 - 7 months	8 - 11 months
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.		
I will bring solid foods for my infant when s/he is ready for it.		

 Signature of Parent/Guardian

 Date

1. This form must be kept on file for each infant enrolled for child care.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept **current and accurate** for each infant enrolled for child care until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides required meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.