

Child and Adult Care Food Program (CACFP)

CACFP Child Enrollment Form for Head Start Centers

Our child care center participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled in our center. For information on the CACFP meal pattern requirements, see the [CACFP Meal Patterns for Children](#) and the [CACFP Infant Meal Patterns](#) at <https://portal.ct.gov/SDE/Nutrition/CACFP-Child-Care-Centers>.

Section 1 – Waiver of CACFP participation

Check here **only** if you are choosing **not** to enroll your child in the CACFP. *Complete section 3 on page 2, and return to the child care center.*

I do not want my child to participate in the CACFP.

Section 2 – CACFP enrollment

To verify your child’s enrollment in this child care center, complete this section and section 3 on page 2, and return to the child care center. You may be contacted by the center, the Connecticut State Department of Education, or the USDA to verify this information. ***Please print all information.***

Child care center’s name: _____

Child’s name: _____ Birth date: _____
Last name *First name* *Month, day, year*

Male Female First day of attendance: _____

Complete the chart below. My child will normally be in child care during the following days and times, and will receive the meals indicated below.

Days and hours of care and meals served							
Normal days of care <i>Check all that apply</i>	<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
Normal hours in care <i>Circle AM or PM</i>	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM	____ AM/PM to ____ AM/PM and ____ AM/PM to ____ AM/PM
Meals normally served to my child <i>Check all that apply</i>	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening snack

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For infants only

Infant formula: The center offered to serve: _____
*Name of approved iron-fortified infant formula **

Check all that apply:

- I would like my child to receive the above named iron-fortified infant formula supplied by the center.
- I will provide my own infant formula: _____
*Name of approved iron-fortified infant formula **
- I will provide expressed breast milk for my child.
- I will breastfeed my child on site in the center.

* **Note:** Infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA infant formula regulations indicated in [USDA Memo CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers](#). Infant formulas that do not meet these requirements cannot be substituted unless an infant has a disability that restricts their diet, and the parent/guardian provides a medical statement signed by a recognized medical authority. Recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs. Medical statements are available on the Connecticut State Department of Education's (CSDE) [Special Diets in CACFP Child Care Programs](#) webpage.

Section 3 – Contact information and signatures

Parent/guardian name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work phone: () _____ Home phone: () _____

Parent signature: _____ Date: _____

Sponsor representative's signature: _____ Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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For information on the CACFP, visit the CSDE's [CACFP](#) website or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This form is available at <https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/Enroll/HeadStartEnroll.pdf>.