# Quality Care Services, Inc.

*Revised 6/2025*

**Child & Adult Care Food Program · Enrollment Form**

## SECTION A

**Provider's Name:** _____

## Section B

**(COMPLETED BY PARENT/GUARDIAN)**

*Note to Parents/Guardians: Your child(ren) is enrolled for care at a family day care home that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the provider is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the provider is required to have parents complete enrollment information annually for each child enrolled for care.*

**Check one of the boxes below. If this is the initial enrollment, enter the first day of care (effective date).**

☐ **Initial Enrollment for this family** *(For new families only)* **"OR"** ☐ **Annual Update for this family**

**Enter your child (ren)'s information here:**

| Print First and Last Name | Date of Birth | Times of Care | | Regular Days of Care | | | | | | | Meals Served During Care | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Arrival Time | Leave Time | M | T | W | T | F | S | S | Br | AM Sn | Lu | PM Sn | Dn | Ev Sn |
| | | | | | | | | | | | | | | | | |
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**Additional information Required:**

| Y | N | *Check "Y" - Yes and "N" - No* |
|---|---|---|
| | | Does the child(ren)'s schedule vary? |
| | | Is the child(ren) related to Provider? (If yes, how?) |

**Complete both Sections Below**

| Ethnicity | Race |
|---|---|
| ___ Hispanic or Latino | ___ White |
| ___ Not Hispanic or Latino | ___ Black or African American |
| | ___ Asian |
| | ___ Native Hawaiian or Pacific Islander |
| | ___ American Indian or Alaskan Native |
| | ___ Other: |

_____
**Printed Parent/Guardian First and Last Name**

_____
**Home Mailing Address or email address**

_____
**Home City, State, Zip**

_____
**Home Phone** **Work Phone**

_____
Parent or Guardian's Signature

_____
Today's Date

## Section C

**(COMPLETED BY PARENT/GUARDIAN)**

******Complete this section only if your child is Under 12 months of Age******

*As a participant in a USDA Child Nutrition Program, our childcare provider offers meals to children of all ages, including infants. Infant feeding is based on current Academy of Pediatrics nutrition guidelines. Infant foods are served appropriate for the age and developmental readiness of your infant. To better meet your personal preferences and infant's needs, you may choose as many options as you like from the list below and updates as your infants' feeding needs progress. A new infant offer form is not required when changes are made; however, whenever changes are made please initial and date the changes.*

Formula Offered by Provider:

Breastmilk and Formula Options: Check all that apply

**Provider**

- ☐ I accept the provider's Formula listed above
- ☐ Provider will supply formula to supplement with when necessary

**Breast milk**

- ☐ I will provide breastmilk for my infant
- ☐ I would like to breastfeed on site if available

**Parent Provided Formula**

- ☐ I will provide the iron fortified formula for my infant *Manufactured in the USA*
  Name of Formula:
- ☐ I will submit a Meal Modification Form non-reimbursable formula
  Name of Formula:

Solids: Check all that apply

**Provider Offers**

☐ I accept the Provider to offer Solid Foods (appropriately textured) to my infant as s/he is developmentally ready for them and this was discussed with the Provider.

- ☐ Iron Fortified Infant Cereal
- ☐ Grains
- ☐ Vegetables
- ☐ Fruits
- ☐ Infant Meats/Meat Alternates

**Parent Provided**

☐ *I decline all infant foods offered by the Provider and will provide solid foods for my infant.*

- ☐ Iron Fortified Infant Cereal
- ☐ Grains
- ☐ Vegetables
- ☐ Fruits
- ☐ Infant Meats/Meat Alternates

_____
*Parent Signature* *Date*

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**(1) mail**

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights

**(2) fax:**

(833) 256-1665 or (202) 690-7442; or

**(3) email:**

program.intake@usda.gov

This institution is an equal opportunity provider.