NEW ☐ UPDATE ☐ DROP IN ☐ **Facility Name:** Just Like Home LLC **Facility ID:** 2290

Child Food Program of Texas CE: 02058
CHILD ENROLLMENT FORM

IMPORTANT NOTICE: Your daycare facility participates in the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participants will receive nutritious meals and snacks at no cost to you. This fom must be completed by a parent or guardian at the time of enrollment and must be updated yearly. Failure to complete the enrollment form will result in non-payment for this child's meal.

Child's Name: _____ Date of Birth: _____ Age: _____

Sex ☐ Male ☐ Female Food Allergies: ☐ Yes ☐ No If "yes", specify: _____ **A doctor's note must be provided.**

Days Normally in Care: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Original Start Date: _____

Meals/Snacks Normally Served: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐ Evening Snack

Arrival and Departure Times: **Arrive** _____ ☐ AM ☐ PM **Depart** _____ ☐ AM ☐ PM

Withdrawn Date: _____

RACE OF CHILD: You are NOT required to answer this question:

☐ White ☐ Black or African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child's Name: _____ Date of Birth: _____ Age: _____

Sex ☐ Male ☐ Female Food Allergies: ☐ Yes ☐ No If "yes", specify: _____ **A doctor's note must be provided.**

Days Normally in Care: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

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RACE OF CHILD: You are NOT required to answer this question:

☐ White ☐ Black or African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Infant Decline Statement

Perfect Choice w/Iron is the formula this facility offers for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by this facility must be in compliance with the infant meal pattern

To be completed by facility

Please make your preferences _____ **Today's Date**

I will bring expressed breastmilk for my infant:
☐ Birth - 5 months ☐ 6 - 11 months

I want the facility to provide the infant formula for my infant:
☐ Birth - 5 months ☐ 6 - 11 months

I will bring the following for my infant:
☐ Birth - 5 months ☐ 6 - 11 months

Please mark your preferences for 6-11 months old _____ **Today's Date**

I want the facility to provide the infant cereal and other foods for my infant:
☐ Yes ☐ No

I will bring the infant cereal and/or other foods for my infant:
☐ Yes ☐ No

Parent Formula Name: _____

I certify that I have received the following: (1) WIC Flyer, (2)"Building for the Future", (3) a Parent Letter, (4) Income Eligibility Guidelines, (5) Income Eligibility Qualifying Form, (6) TDA's Directions on Filling out the Income Eligibility Form, (7) a blank copy of the Child Enrollment Form, (8) CACFP & Civil Rights Complaint Procedures.

_____ Address

_____ Phone Number

_____ City

_____ State

_____ Zipcode

_____ Parent or Guardian's Name - PRINT

_____ Parent or Guardian's Signature

_____ Date