

South Carolina Department of Social Services
CHILD AND ADULT CARE FOOD PROGRAM CHILD ENROLLMENT FORM

Section I.

To be Completed by Provider: Fiscal Year: _____ Effective: _____ Through: _____

Sponsor's Name: _____ Sponsor's Telephone: _____

New Child Enrollment: List Effective Date: _____

Renewal: Child(ren) Previously in Care FY: _____

Update: To amend on FY: _____ enrollment form already on file.

Provider's Name: _____ Provider's Telephone: _____

Section II.

To be Completed by Parent or Guardian Only: (Please read parent information on back before completing this section.)

Your provider must furnish our office with enrollment forms for all participating children in the Child Care Program. Please complete the information requested below and return this form to your Child Care provider to enable your child(ren) to participate in the Child and Adult Care Food Program. Please print clearly and complete all information requested. Race information is requested by the USDA to assure compliance with the Title VI of the Civil Rights Act of 1964. Use the following race codes: W=White but not Hispanic, A/A=African American but not Hispanic, A/I=American Indian or Alaskan Native, A=Asian or Pacific Islander, B=Biracial or H=Hispanic. (Please note that completing race information is optional).

Child's First and Last Name	Date of Birth	Gender M/F	Age*	Race (Optional)	List time child arrives at child care home and time child leaves at the end of the day.	Does child attend school? Y/N	If yes, when does child leave child care home to go to school and when does child return.	Use this space for any special arrival or departure times for the child.
					Arrives at child care home: _____ Leaves at end of day: _____		Leaves to go to school: _____ Returns to child care home: _____	
					Arrives at child care home: _____ Leaves at end of day: _____		Leaves to go to school: _____ Returns to child care home: _____	
					Arrives at child care home: _____ Leaves at end of day: _____		Leaves to go to school: _____ Returns to child care home: _____	

* **Ages birth through 11 months:** (Complete the infant formula information in Section III. on the back of this form.)

Please check the days of the week the child is in care: Mon. Tues. Wed. Thurs. Fri.

Will your child(ren) be in care on weekends? Yes No (If yes, check days.) Saturday Sunday

If so, explain why your child care provider will be providing care on weekends occasionally or on a regular basis.

Will your child(ren) be in care during holidays? Yes No

Parent/Guardian must submit a signed, separate note to the provider indicating the child's name for each holiday care is provided.

What meals will your child(ren) be served? Breakfast AM Snack Lunch Afternoon Snack Supper Evening Snack (Your provider will only be reimbursed for meals marked consistent with arrival/departure listed above.)

Is/are your child(ren) related to the child care provider? Yes No

If yes, indicate relationship: _____

Is/are your child(ren) living at the child care provider's home? Yes No

Print Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact Person: _____ Emergency Telephone: _____

I hereby certify the information given on this form is true and correct to the best of my knowledge.

Parent/Guardian's Signature: _____ Date: _____

Parent Information:

Dear Parent(s) or Guardian(s):

Thank you for your interest in the Child and Adult Care Food Program. Your family child care provider participates in this program because she/he cares about the health and growth of your child. Through the Food Program, your provider receives reimbursement for some of the costs of the nutritious meals that she/he serves. Foods are purchased by your provider and served to your child(ren) including iron fortified infant formula and cereal. If you supply the food or formula to your provider, contact our office **before** you sign this form to be certain your child can participate in the Food Program and whether your provider can receive reimbursement.

Your child care provider has agreed to follow USDA minimum nutritional standards in the planning and serving of meals to your child(ren) in their child care program. Written information that states the USDA minimum requirements is available from your provider or our office. If your child cannot eat the required food, you must obtain a written diet statement from your doctor and submit this information to your child care provider. Your provider will then be able to serve your child(ren) the foods your doctor says are necessary, and still receive reimbursement.

Section III.

Infant Formula Information:

(For parent(s)/guardian(s) of infants birth through 11 months; please read and check the statements that apply to you.)

Dear Parent(s)/Guardian(s):

Your day care provider is required by the Child and Adult Care Food Program to **offer** an infant formula which meets program requirements to all enrolled infants in her/his care. The formula that your provider will be offering is iron fortified

(to be completed by day care provider)

There will be no additional charge to you if you would like your infant to receive the formula that the provider is offering.

The day care provider understands that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant's formula.

Please check the following statements that apply to you:

I would like the child care provider to serve my infant the iron fortified infant formula listed above. I understand there will be no additional charge to me.

I will supply the formula to the child care provider to serve to my infant. The name of the formula I will provide is:

I will provide breast milk to the child care provider to serve to my infant.

In the operation of the Child and Adult Care Food Program no child will be discriminated against because of race, color, national origin, sex, age or disability. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD).