

# Kids Unlimited Services, INC.

## Child Enrollment Form Child & Adult Care Food Program

Dear Parent /Guardian:

**Your Family Day Care Provider:** \_\_\_\_\_ participates in the United States Department of Agriculture (USDA) Child and Adult Care Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

Meals served must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, your provider has agreed to follow the USDA guidelines. The Provider will give you a copy of the minimum meal components and portion requirements to be served according to the child's age. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect the enrollment information listed below.

**Please complete the form and return it to your Family Day Care Provider. Part 1 and Part 3 need to be completed by all families or guardians. Part 2 is to be completed ONLY if enrolling an infant child (under the age of 12 months).**

### PART 1: CHILD ENROLLMENT INFORMATION

Child's First Name	Last Name	Child's Date of Birth & Age	Beginning Date of Child Care
Times Child Normally Attends For example 7:30 AM - 5 PM Hours from: _____ to _____ School Age Child - Times Child Attends School. For example 8:00 AM - 3:00 PM _____ to _____ <input checked="" type="checkbox"/> Box <input type="checkbox"/> Schedule Varies Child attends full day during school closures: _____ Yes _____ No	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Check the days your child normally attends	Check the meals you request that your child receives while in care <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

Child's First Name	Last Name	Child's Date of Birth & Age	Beginning Date of Child Care
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### FOR SPONSOR USE ONLY

Effective Date of this Enrollment Form: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
 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.

For questions please contact: Kids Unlimited Services, Inc. 508-248-6772

### PART 2: INFANT MEAL NOTIFICATION (Birth through 11 months)

Nutritious meals meeting the United States Department of Agriculture guidelines are served to all children enrolled in this program, including children under the age of 12 months. The provider must meet the meal component requirements based on age and developmental readiness as outlined in the Infant Meal Pattern. Parents/Guardians may supply not more than one required component per meal in the meal pattern (including breast milk or formula) in order for the meal to be reimbursable in CACFP.

I understand that this Family Day Care Provider has available the iron fortified formula \_\_\_\_\_ (Name of Iron Fortified Infant Formula) for my infant while in care.

**To help provide the best nutritional care for your infant, please complete the following information.**

### IF YOU Formula-FEED YOUR INFANT, PLEASE CHECK ONE OPTION

I prefer to have the Provider supply the formula offered. OR  I will supply formula for my child.

### IF YOU BREAST-FEED YOUR INFANT, PLEASE CHECK

I will supply expressed (pumped) breast milk for my infant child and/or breastfeed at the provider's home.

I understand that this Family Day Care Provider will supply infant cereal and infants food for infants 4 months and older as they are developmentally ready according to the CACFP requirements,

I have elected to have the provider supply the formula and I wish to provide one food item. I will provide the following one creditable food item: \_\_\_\_\_

### PART 3: PARENT OR GUARDIAN ACCEPTANCE AND SIGNATURE

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. I have received a copy of this completed form and the "Building For The Future " Flyer.

Parent or Guardian Signature \_\_\_\_\_ Date Signed (Form must be completed annually)

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian Name: Please Print \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CIVIL RIGHTS:** This information is voluntary and will not affect your children's eligibility. Please indicate the ethnic and racial identity of your children by checking a box in each of the categories. This information is being collected to assure that everyone receives CACFP benefits on a fair basis.

- Ethnic Identity  HISPANIC OR LATINO  NOT HISPANIC OR LATINO
- Racial Identity  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  WHITE

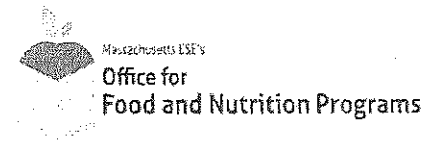
USDA Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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, audiotape, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Kids Unlimited Copy

MA ESE July 2019/2020

## Child and Adult Care Food Program (CACFP)

PROVIDING MASSACHUSETTS' NUTRITIOUS MEALS AND SNACKS



### What is CACFP?

The CACFP is the Child and Adult Care Food Program, a federal program that provides healthy meals and snacks to children and adults receiving day care.

Through the CACFP, participants' nutritional needs are supported on a daily basis. The program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. In addition to day care, the CACFP helps make afterschool programs more appealing to at-risk youth.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate the program.

### Where can I go to get more information?

#### Agency

Office for Food and Nutrition Programs  
75 Pleasant Street  
Malden, MA 02148  
[www.doe.mass.edu/cnp/nprograms](http://www.doe.mass.edu/cnp/nprograms)  
781-338-6480

#### Sponsor

Kids Unlimited Services, Inc.  
35 Trolley Crossing Road  
Charlton, MA 01507  
[www.kidsus.com](http://www.kidsus.com)  
508-248-6772

### What kinds of meals are served?

CACFP facilities follow the meal patterns established by USDA.

- **Breakfast** consists of a serving of milk, fruit or vegetable, grains or bread or meat or meat alternate.
- **Lunch and dinner** require milk, grains or bread, meat or meat alternate, and different servings of fruits and vegetables.
- **Snacks** include two different servings of the five components: milk, fruits, vegetables, grains or bread, or meat or meat alternate.

### Who is eligible for CACFP meals?

- Children age 12 and under
- Adults age 60 and older or functionally impaired adult participants enrolled in an adult day care center
- Youth through age 18 in afterschool programs in needy areas and emergency shelters
- Migrant children age 15 and younger.

### CACFP Facilities

Many different facilities operate the CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants.

#### • Child Care and Outside School Hours Centers

Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers serve meals to large numbers of children.

#### • Family Day Care Homes

Small groups of children receive nonresidential day care in licensed or approved private homes.

#### • At-Risk Afterschool Meals

Centers in low-income areas provide snacks and meals to school-age children and youth.

#### • Adult Day Health Centers

Public, private nonprofit, and some for-profit adult day health care facilities provide structured, comprehensive services to functionally impaired nonresident adults.

#### • Homeless Shelters

Emergency shelters provide residential and food services to homeless children.