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 competed 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 _____ ✔Box ❒ Schedule Varies Child attends full day during school closures: _____Yes _____No	Check the days your child normally attends ❒ Sunday ❒ Monday ❒ Tuesday ❒ Wednesday ❒ Thursday ❒ Friday ❒ Saturday	Check the meals you request that your child receives while in care ❒ Breakfast ❒ AM Snack ❒ Lunch ❒ PM Snack ❒ Supper ❒ Evening Snack
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 _____ ✔Box ❒ Schedule Varies Child attends full day during school closures: _____Yes _____No	Check the days your child normally attends ❒ Sunday ❒ Monday ❒ Tuesday ❒ Wednesday ❒ Thursday ❒ Friday ❒ Saturday	Check the meals you request that your child receives while in care ❒ Breakfast ❒ AM Snack ❒ Lunch ❒ PM Snack ❒ Supper ❒ Evening Snack

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

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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: _____

Parent or Guardian Email: _____

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.

1. Ethnic Identity ❒ HISPANIC OR LATINO ❒ NOT HISPANIC OR LATINO
2. 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
(2.)fax: (833) 256-1665 or (202) 690-7442; or
(3.) email: program.intake@usda.gov

FY 2025