

Child Care & Nutrition, Inc. (CCNI) Child Enrollment Form

Child Care Provider Name:	Provider ID:
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New Family? (check here) _____ Renewing Family? (check here) _____

Dear Parents~~Your child care provider participates in the United States Department of Agriculture (USDA) Child & Adult Care Food Program (CACFP). This child care home receives Federal cash assistance to help serve healthy meals to your children. Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate your provider has agreed to follow the USDA guidelines. In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect information on the form. Please complete the form and return it to your provider.

Child's First Name	Last Name	Birthdate	Beginning date of care	Is child an infant? - Yes No Own or foster? - Yes No Handicapped? - Yes No	
Enter the normal hours your child is in care. For example 7:30 AM – 5 PM or for a split schedule 7:30 – 9 AM & 12:30 – 5 PM If child is school age , add summer schedule times in the summer section		Regular Hours Time in: Time out: Summer Hours (6 years & older) Time in: Time out:	Circle the days child is usually in care M T W TH F S S	DROP IN CHILD Days vary. Usually here on: M T W TH F S S circle most likely day(s)	Check the meals your child normally receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> AM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Lunch <input type="checkbox"/> Night Snack

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If there are other children in care, please complete additional forms as needed.

Civil Rights: This information is voluntary and is requested to determine compliance with civil rights laws. If you fail to complete this section, a visual identification will be made for you. Please complete both the ethnic and racial information below:

Ethnicity: (select one) Hispanic or Latino Not Hispanic or Latino Noted by advisor
Race: (select one or more) American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander
 White

Parent's Signature	Date Signed
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Parent's Name: _____ Home Phone: _____
Please Print

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

WIC INFORMATION: More people are eligible for WIC (Women's Infants & Children) Program than you think! WIC serves pregnant, postpartum and breastfeeding women; infants and children to age 5 and many working families. WIC participants receive healthy foods like milk, cheese, cereal and eggs; breast feeding information and support; referrals to health and social services, nutrition and health information and infants, who are partially or not breastfed may receive iron-fortified infant formula. **CALL FOR A WIC CLINIC NEAR YOU 1-800-WIC-4030 or go to <http://www.health.state.mn.us/divs/fh/wic>**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (Voice & TDD). USDA is an Equal opportunity provider and employer

State Administration Contact Information: Minnesota Department of Education•Food & Nutrition Service•1500 Highway 36 West Roseville, MN 55112-4266•1-800-366-8922•fns@state.mn.us