



**Parent/Guardian Instructions:**

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

Child Care Center Name	Child's Name	Child's Date of Birth <i>Mo./Day/Yr.</i>
------------------------	--------------	--

**HOURS AND MEALS WHILE IN CARE**

Days Normally in Care <i>Check all that apply</i>	Hours Normally in Care				Meals Normally Received While in Care <i>Check all that apply.</i>					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information if Your Child's Schedule Varies

**INFANT MEAL NOTIFICATION**  
*To be completed for children under 12 months*  
Refer to back of form for CACFP Meal Pattern Information

Use of Formula

☐ I accept    ☐ I decline

The child care center offers GOOD START GENTLE iron fortified infant formula.  
*(Center must write in the name of formula offered)*

I understand the child care center will supply infant cereal and other foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements. Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100 percent full strength juice that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements.

Infant Food/Cereal Options

- ☐ I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate.
- ☐ I will supply infant cereal and infant foods for my child when appropriate.

Breastfeeding Options *Check one if appropriate*

- ☐ I will supply breast milk and have the center supplement formula if necessary.
- ☐ I will supply breast milk and/or formula.

**SPECIAL DIETARY NEEDS**

Does Your Child Have a Special Dietary Need(s) That Differs From the Meal Pattern Requirements?    ☐ No    ☐ Yes

If **yes**, you must provide documentation to the center that has been completed by your child's health care provider detailing what food(s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e., soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved milk substitutes. The center is not required to supply the substitution(s).

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to supply the substitution(s) if your child's special dietary need is the result of a disability.

**ETHNIC AND RACIAL DATA INFORMATION—OPTIONAL**

Ethnicity <i>Check one</i>		Race <i>Check all that apply</i>				
Hispanic/Latino	Not Hispanic/Latino	American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/Other Pacific Islander	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian



Original Completion Date  
*Mo./Day/Yr.*

2<sup>nd</sup> Year Update  
Initials    *Mo./Day/Yr.*

3<sup>rd</sup> Year Update  
Initials    *Mo./Day/Yr.*

**CACFP INFANT MEAL PATTERN***Birth through 11 months*

To comply with the Child and Adult Care Food Program regulations, it is the responsibility of child care centers caring for infants to purchase all required meal components on the Infant Meal Pattern according to the different age groups in care. The Infant Meal Pattern lists the minimum amount of food to be offered to infants from birth through 11 months. The infant meal must contain each of the following components in at least the amounts indicated for the appropriate age group in order to qualify for reimbursement. Food within the meal pattern should be the texture and consistency appropriate for the development of the infant and may be served during a span of time consistent with the infant's eating habits; for example, the food items for lunch might be served at two feedings between 12 noon and 2 p.m. Solid food should be introduced gradually to infants when developmentally ready and instructed by the parent.

Items on the following meal chart with a “●” indicate the items are required and must be provided to the infant in order to claim reimbursement for that meal. Items listed under “When developmentally ready” are required only when the infant is developmentally ready to accept them.

Birth through 3 months	4 through 7 months	8 through 11 months
<b>Breakfast</b>		
<ul style="list-style-type: none"> <li>● 4–6 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul>	<ul style="list-style-type: none"> <li>● 4–8 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul> <p><b>When developmentally ready</b> 0–3 T infant cereal<sup>1</sup></p>	<ul style="list-style-type: none"> <li>● 6–8 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup> <b>and</b></li> <li>● 1–4 T fruit or vegetable or both <b>and</b></li> <li>● 2–4 T infant cereal<sup>1</sup></li> </ul>
<b>Lunch/Supper</b>		
<ul style="list-style-type: none"> <li>● 4–6 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul>	<ul style="list-style-type: none"> <li>● 4–8 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul> <p><b>When developmentally ready</b> 0–3 T infant cereal<sup>1</sup></p> <p><b>And/or</b> 0–3 T fruit or vegetable or both</p>	<ul style="list-style-type: none"> <li>● 6–8 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup> <b>and</b></li> <li>● 1–4 T fruit or vegetable or both <b>and</b></li> <li>● 2–4 T infant cereal<sup>1</sup></li> </ul> <p><b>or in place of infant cereal you may serve a meat/meat alternate</b></p> <ul style="list-style-type: none"> <li>○ 1–4 T meat, fish, poultry, egg yolk, cooked dry beans or peas; <b>or</b> ½–2 oz cheese; <b>or</b> 1–4 oz (volume) cottage cheese; <b>or</b> 1–4 oz (weight) cheese food, cheese spread</li> </ul> <p><b>or you may also serve</b></p> <ul style="list-style-type: none"> <li>○ both the infant cereal and meat/meat alternate</li> </ul>
<b>Snack</b>		
<ul style="list-style-type: none"> <li>● 4–6 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul>	<ul style="list-style-type: none"> <li>● 4–6 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup></li> </ul>	<ul style="list-style-type: none"> <li>● 2–4 fl oz formula<sup>1</sup> or breast milk<sup>2,3</sup> or fruit juice<sup>4</sup></li> </ul> <p><b>When developmentally ready</b> 0–½ slice crusty bread<sup>5</sup></p> <p><b>Or</b> 0–2 crackers<sup>5</sup></p>

<sup>1</sup>Infant formula and dry infant cereal must be iron-fortified.

<sup>2</sup>Breast milk or formula, or portions of both, may be served; however, it is recommended breast milk be served in place of formula from birth through 11 months.

<sup>3</sup>For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.

<sup>4</sup>Fruit juice must be full-strength.

<sup>5</sup>A serving of this component must be made from whole-grain or enriched meal or flour.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.