

Wyoming Day School Inc., dba
Albuquerque Nursery School
Child and Adult Care Food Program (CACFP)
Participant Enrollment Form
Agreement Number: 101

Dear Parent/Guardian,
Our day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to an office staff member of our school.

Parent/Guardian Please Complete:

Participant's (Child) Name: _____

Date of enrollment: _____ Date of birth: _____ Age: _____

Sex: _____ male _____ Female

Food Allergies: _____ yes _____ no

If "yes", specify: _____

Check days of normal care at facility:

_____ Monday	Arrival time: _____	Departure time: _____
_____ Tuesday	Arrival time: _____	Departure time: _____
_____ Wednesday	Arrival time: _____	Departure time: _____
_____ Thursday	Arrival time: _____	Departure time: _____
_____ Friday	Arrival time: _____	Departure time: _____

Check Meals normally eaten at Facility:

_____ Breakfast _____ AM snack _____ Lunch _____ PM snack

Please list normal times of departure and return for school age children:

Depart to school: _____ AM/PM

Return from school: _____ AM/PM

If participant cannot be served the CACFP meal pattern, a statement from the participant's health care provider must be provided.

IF PARTICIPANT IS AN INFANT (0-11 MONTHS) PLEASE COMPLETE THIS BOXED AREA:
Albuquerque Nursery offers Parent's Choice Advantage infant formula for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by our facility must be in compliance with the infant meal pattern as required by 7CFR 226.20

_____ I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff

_____ I will not use the formula offered by this facility. The formula I will be sending in for my infant to use is: _____

_____ I will provide breastmilk for my infant.

_____ My infant is four (4) months old or older and is developmentally ready for solid foods. I want Albuquerque Nursery School to provide the following foods for my infant, which are allowed under 7CFR 226.20 (b)(2)(3)(4). (please view menus)

Note to parents who are getting formula through the WIC program: Your baby is eligible to get formula from this facility as well as from the WIC program. It is your decision which formula you want your baby to use when he/she is at child care. If you find you are getting more formula than your baby needs, you may wish to talk to your WIC nutritionist.

Parent/Guardian Signature: _____ Date: _____

Printed name of parent/guardian: _____

Address: _____
Street City State Zip Code

Home phone number: _____ Work phone number: _____

Email address: _____

FOR FACILITY USE ONLY:

Signature of ANS representative: _____ Date: _____

Date participant withdrew: _____

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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA