

# CHILD ENROLLMENT FORM

Dear Parent:

Your day care provider participates in the **Family Service Child Care Food Program**. This program extends the benefits of the National School Lunch Program to children in family day care homes. Your child care provider has agreed to follow USDA minimum nutritional standards in feeding children in his/her child care program. The meal guidelines to be followed are listed below:

<u>Foods for Babies</u> (8 through 11 months old)	<u>Foods for Children</u> (over 1 Year)
<p><b>Breakfast</b> Infant formula (iron fortified) or breast milk</p> <p>Infant cereal (iron fortified)</p> <p>Fruit and/or vegetable</p> <p><b>Lunch and Supper</b> Infant formula (iron fortified) or breast milk</p> <p>Strained fruit and/or vegetable</p>	<p><b>Infant cereal</b> (iron fortified) and/or, strained meat, poultry or egg yolk or dry beans or peas or cheese or cottage cheese, cheese food, or cheese spread</p> <p><b>Snack</b> Infant formula (iron fortified) or breast milk or full strength fruit juice</p> <p><b>Optional:</b> Bread or crackers</p>
<p><b>Breakfast</b> Milk Juice, fruit or vegetable Grains/Breads</p> <p><b>Lunch and Supper</b> Milk Meat or meat alternate Vegetables or fruits Grains/Breads</p>	<p><b>Snack</b> (Serve two of the following four foods. Juice may not be served when milk is served as the only other food.)</p> <p>Milk Meat or meat alternate Fruit, vegetable, or juice Grains/Breads</p>

Note: If for medical reasons meals do not meet USDA guidelines, we must have a written diet statement from your doctor.

These guidelines should assure you, as a parent, that your child(ren) will be fed nutritionally sound meals which will promote good physical growth and development.

**Under the regulations of the Child Care Food Program your provider may NOT charge you separate fees for meals nor may she/he ask you to provide food for your child(ren) for those meals claimed for reimbursement.** The provider must buy all the food and milk served at meals. Child care fees charged by your provider cover the care of your child(ren) and the food costs not reimbursed by the Child Care Food Program.

Periodic telephone interviews are conducted by contacting parents to ensure that your provider's claims for reimbursement are consistent with child care services provided. As USDA funds are involved, the Child Care Food Program is responsible for assuring that these funds are being spent appropriately.

As the sponsoring agency for your provider, we need verification that your child(ren) is enrolled in Child Care with this provider. Please complete the following.

Circle Days of Attendance    M    T    W    Th    F    SA    SU

Arrival Time	Departure Time	Child's Name/Date of Birth	I.D.	Meals to be served to child			
				Breakfast	Snack	Lunch	Supper
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**I certify that I have read and understand the rules for participation for my child(ren) in the Child Care Food Program and hereby affirm that I will truthfully provide any and all information necessary for the participation of my child in the Family Service Child Care Food Program.**

Parent's Signature \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street                      City                      State                      Zip

Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

White Copy--Administrative Office      Yellow Copy--Provider      Pink Copy--Parent



**Heartland Family Service**  
**Child Care Food Program**  
 6720 North 30th Street  
 Omaha, NE 68112  
 Phone: (402) 451-6244  
 Fax: (402) 457-7791

## CHILD AND ADULT CARE FOOD PROGRAM

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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**I certify that I have read and understand the rules for participation for my child(ren) in the Child Care Food Program and hereby affirm that I will truthfully provide any and all information necessary for the participation of my child in the Family Service Child Care Food Program.**

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Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street      City      State      Zip

Date \_\_\_\_\_

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