

CHILD ENROLLMENT FORM

IDOE/CACFP
July 2017

Name of Institution: Jewish Community Center
Name of Facility: JCC

Sponsor ID Number: 1490043

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (✓) the meals your child normally receives while in care.	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Night snack <input type="checkbox"/>

If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) please check (✓) here

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<p><u>Infant Formula</u> This facility will provide the following iron-fortified infant formula: <u>Similac Advance</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____</p> <p><u>Infant Meals and Snacks</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/></p>	
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This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____