

FY 2010

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for formula served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (found on the back of this letter) developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while in child care. We also need to know when you will introduce solid foods. You may choose for us to provide the formula, or you may provide the formula for your baby.

(Name of Daycare Center)

currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form on the back and return it to help us plan the meals for your baby. If this information changes you will need to complete a new form.

Sincerely,

Sponsor Representative

Phone Number

Date

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Name of Day Care Center: _____

Child Care Center Infant Enrollment Form FY 2010

Name of Participant(s)	Date of Birth

Is your infant in full time attendance? _____ Yes _____ No

What days of the week does your infant regularly spend in child care? **Please circle the days in care.**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What are the hours your infant regularly spends at child care? _____ am to _____ pm
Ex. 7:30 am to 4:30 pm

What meals is your infant served while at child care?

__Breakfast __AM Snack __Lunch __PM Snack __Supper __Late Night Snack

Do you supply any food for your child due to medical or religious reasons? If Yes, please list foods supplied. _____

List foods the baby eats at home: _____ Times _____

- Check all that apply:
- _____ **Parent** will provide expressed breast milk
 - _____ **Parent** will breast-feed the infant at the day care center
 - _____ **Parent** will provide iron fortified formula/breast milk and **Center** will provide additional baby food
 - _____ **Parent** will provide iron fortified formula/breast milk and all additional baby food
 - _____ **Center** will furnish all iron fortified infant formula
 - _____ **Center** will furnish all iron fortified infant formula and additional baby food

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When necessary, do you give permission for formula to be prepared for your baby by the day care center ? _____ YES _____ NO

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. **Please fill in ALL of the following information:**

Name of Parent/Guardian And/or Client:		
Home Address:		
Home #:	Cell #:	Work #:
Are there any unusual guardianship or custodial relationships? _____ _____		

***The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/09 if the participant attends by or on October 1, 2009. After October 1, 2009, list the participant's actual first day of attendance.**

Parent/Guardian and/or Client Signature

Date

Determining Official Signature

Date

Participant's Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Denise Hagan, Acting Division Director and Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

Note: All other CACFP Enrollment Forms are Obsolete

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}
4 months through 7 months	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4}	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4} 0-3 tablespoons fruit and/or vegetable ⁴	4-8 fluid ounces formula ¹ or breast milk ^{2, 3}
8 months up to first birthday	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ and/or 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas or ½-2 ounces cheese, or 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula ¹ or breast milk ^{2, 3} or fruit juice ⁵ 0-1/2 slice bread ^{4, 6} or 0-2 crackers ^{4, 6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ 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 if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

Breakfast and lunch for 8-11 month olds must contain at least three of the components listed above to be creditable.