

Child Care & Nutrition, Inc. (CCNI) Child Enrollment Form

PO Box 138 | Ivanhoe, MN 56142 | 800.634.3359 | www.childcarenutrition.com

Provider Name: _____

Provider ID: _____

Dear Parents: Your child care provider participates in the United States Department of Agriculture (USDA) Child & Adult Care Food Program (CACFP). This child care home receives Federal cash assistance to help serve healthy meals to your children. Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate your provider has agreed to follow the USDA guidelines. In an effort to assess that these requirements are being met, the USDA and CACFP require providers to annually collect the information on this form. Please complete the form to the best of your ability. **The Civil Rights Ethnicity and Race information request on the front side of this form is voluntary and is requested to determine compliance with civil rights laws. If you choose not to complete this section, a visual identification will be made by the provider or CCNI staff.* **WIC INFORMATION:** More people are eligible for WIC (Women's Infants & Children) Program than you think! WIC serves pregnant, postpartum and breastfeeding women; infants and children to age 5 and many working families. WIC participants receive healthy foods like milk, cheese, cereal and eggs; breast feeding information and support; referrals to health and social services, nutrition and health information and infants, who are partially or not breastfed may receive iron-fortified infant formula. **CALL FOR A WIC CLINIC NEAR YOU:** 1-800-WIC-4030 or go to <http://www.health.state.mn.us/divs/fh/wic>. **State Administration Contact Information:** Minnesota Department of Education (MDE), Food & Nutrition Service, 500 Highway 36 West, Roseville, MN 55113, 1-800-366-8922, mde.fns@state.mn.us

CHILD'S FIRST NAME	LAST NAME	BIRTHDATE	BEGINNING DATE OF CARE	ETHNICITY
				<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
HOURS IN CARE		DAYS IN CARE	MEALS SERVED	RACE (Check all that apply)
Indicate the normal hours your child is in care. Time in: _____ Time out: _____ Time in: _____ Time out: _____		Circle the normal days your child is in care. M T W TH F S S <input type="checkbox"/> Check if drop in only	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> AM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Lunch <input type="checkbox"/> Eve Snack	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander
SCHOOL SCHEDULE	Start & End Times: _____ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	FOSTER CHILD	RELATIONSHIP TO PROVIDER	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Provider's Own Child <input type="checkbox"/> Other	

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		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Provider's Own Child <input type="checkbox"/> Other	

To meet CACFP requirements, **your provider offers the following iron fortified infant formula:** _____ to infants in his/her care.
You as the parent may choose to accept this formula or you may choose to supply another type of iron fortified infant formula and/or breast milk until your infants 1st birthday.

Parent accepts the above named formula the provider supplies Parent supplies formula and/or breast milk (please list type): _____

I understand that my child/children will receive meals at no charge to me when they are in care during any of the scheduled meal services. I understand that I may be contacted by my providers sponsor, Child Care & Nutrition, Inc., regarding meals she/he has claimed. If I need to be contacted by phone/mail/email to update and/or verify this information my contact information is:

Parent/Guardian Name: _____ Phone Number: _____
(please print) (include area code)

Mailing Address: _____
(street, city, state, zip)

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:
Valid Dates of Enrollment (child 1): _____ to _____ Valid Dates of Enrollment: (child 2) _____ to _____
Valid Dates of Enrollment (child 3): _____ to _____ Processed By: _____
Not valid for claims prior to (Month/Year) _____ Renewal Gap in Enrollment Picked up at Home Visit (Rep Initial & Date) _____

White – Office Copy

Yellow – Provider Copy

Pink – Parent Copy

Nondiscrimination 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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, you have two options: 1. Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at Filing a Program Discrimination Complaint as a USDA Customer, and at any USDA office; or 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9892. Submit your completed form or letter to USDA by one of the following methods: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: 202-690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.