



# Grand Rapids Urban League, Inc., Child and Adult Care Food Program

745 Eastern Avenue SE, Grand Rapids, Michigan 49503 • (616) 245-2207 or 800-842-1118

CHILD ENROLLMENT FORM — Fiscal Year 2010, Effective 10/1/09 through 09/30/2010

This form is **valid only** when submitted during the above dates.

For Grand Rapids Urban League use only

PID # \_\_\_\_\_

\_\_\_\_ NEW CHILD ENROLLMENT

\_\_\_\_ RENEWAL  
*Child(ren) previously in care FY2009*

\_\_\_\_ UPDATE ENROLLMENT  
*To amend an FY 2010 enrollment form, already on file*

List First Date Care Begins \_\_\_\_\_

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

ATTENTION:

Angela  Don  Tracy   
 Megan  Patty  Anne   
 Lisa

### DEAR PARENTS OR GUARDIANS:

Thank you for your interest in the Michigan Child and Adult Care Food Program. Your Family Child Care Provider participates in this program because she/he cares about the health and growth of your child. Through the Food Program, your Provider receives reimbursement for some of the costs of the nutritious meals that she/he serves. Foods are purchased by your Provider and served to your child(ren) including iron fortified infant formula and cereal. If you supply the food or formula to your Provider, contact the Grand Rapids Urban League **before** you sign this form to be certain your child can participate in the Food Program and whether your Provider can receive reimbursement.

Please **complete all information** requested below and return this form to your Child Care Provider to enable your child(ren) to participate in the Food Program. Race information is requested by the USDA to assure compliance with Title VI of the Civil Rights Act of 1964.

Please **complete the schedule below for your children in care. Be certain to list days in care and arrival and departure times accurately as this information will be used to determine authorization for reimbursement. If care times vary, use the space below to explain in detail, or attach a separate sheet.**

Child's First and Last Name	Date of Birth	Gender M/F	Age*	List time child <b>arrives</b> at child care home and time child <b>leaves</b> at the END OF THE DAY.	Does child attend school?	If yes, when does child <b>leave</b> child care home <b>TO GO TO SCHOOL</b> and when does child <b>return</b> ?	PLEASE CIRCLE ALL THAT APPLY: Days in Care & Meals Served
ETHNICITY: SELECT ONE: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino RACE: SELECT ONE OR MORE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				Arrives at child care home: _____	Y / N	Leaves to go to school: _____	M T W R F S S
				Leaves at end of day: _____		Returns to child care home: _____	B AM L PM S ES
ETHNICITY: SELECT ONE: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino RACE: SELECT ONE OR MORE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				Arrives at child care home: _____	Y / N	Leaves to go to school: _____	M T W R F S S
				Leaves at end of day: _____		Returns to child care home: _____	B AM L PM S ES
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				Leaves at end of day: _____		Returns to child care home: _____	B AM L PM S ES
ADDITIONAL SPACE TO EXPLAIN TIMES IN CARE, WEEKEND OR HOLIDAY CARE, DROP-IN CHILD CARE FOR SICK CHILD(REN), ETC. *Eligible children ages 12 and under, or ages 15 and under if migrant, or any age with disabilities requiring child care, as long as the majority of children in care are under age 18. Additional documentation may be required for children over 12 with disabilities.							

IS/ARE YOUR CHILD(REN) RELATED TO THE CHILD CARE PROVIDER? Yes \_\_\_\_\_ No \_\_\_\_\_

IS/ARE YOUR CHILD(REN) LIVING AT THE CHILD CARE PROVIDER'S HOME? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate relationship*

PARENTS OF INFANTS (please complete):

Will your provider supply the formula for your child(ren) (Ages birth through eleven months)? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please complete a separate waiver statement form.

DOES YOUR PROVIDER OFFER DROP-IN CARE FOR YOUR CHILD(REN)? Yes \_\_\_\_\_ No \_\_\_\_\_

WILL YOUR PROVIDER CARE FOR YOUR CHILD(REN) WHEN THEY ARE SICK? Yes \_\_\_\_\_ No \_\_\_\_\_

WILL YOUR CHILD(REN) BE IN CARE DURING HOLIDAYS? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian must submit a signed, separate note to the provider, or complete the holiday care section of the provider's worksheet to verify care was provided for each holiday.

Printed Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify the information given on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Key for days of the week and meals served:

M = Monday; T = Tuesday; W = Wednesday; R = Thursday; F = Friday; S = Saturday; S = Sunday

B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper; and ES = Evening Snack

White — GRUL • Yellow — Provider • Pink — Parent



# MICHIGAN CHILD AND ADULT CARE FOOD PROGRAM

Dear Parent or Guardian:

This Family Child Care Home is a participant in the Child and Adult Care Food Program (CACFP), a federal program providing financial assistance and nutrition training to eligible child care facilities. It is administered in Michigan by the Department of Education. The Grand Rapids Urban League serves as a sponsor of this program and represents your Child Care Provider. The primary goal of the CACFP is to improve the nutritional intake of children in child care facilities and provide nutrition education and training to the children's caregivers. Through the CACFP, you can be assured that your child is receiving balanced, nutritious meals and a foundation for healthy lifelong eating habits.

NUTRITION is an essential part of good health, and correct eating habits are an important and necessary lifelong skill. Proper Nutrition is of primary importance in a quality child care program, and children need well-balanced meals in order to meet their daily energy needs to build strong bodies and minds. As a participant in the CACFP, your Family Child Care Provider receives reimbursement for up to TWO MEALS AND ONE SNACK OR ONE MEAL AND TWO SNACKS per child per day. All of the meals must meet patterns set by USDA in accordance with the Recommended Dietary Allowance for children.

Your Child Care Provider has agreed to follow USDA minimum nutritional standards in the planning and serving of meals to your child(ren) in their child care program. Written information that states the USDA minimum requirements is available from your Provider or the Grand Rapids Urban League. If your child cannot eat the required food, you must have your physician complete a food substitution form and submit this information to your Child Care Provider. Your Provider will then be able to serve your child(ren) the foods your doctor says are necessary, and still receive reimbursement. Ask your Provider or Urban League Child Care Specialist for the form.

If you have an infant child (age birth through 11 months), your Caregiver is responsible for providing the iron-fortified infant formula and cereal to your infant child(ren). Only one type of formula is required to be offered by your provider, however, a parent/guardian may choose to decline the offered formula and supply another type. If your child(ren) require a different type of formula, and you choose to provide this formula along with age-appropriate infant foods to your caregiver, you must acknowledge this by completing a Waiver Statement form. This form allows the Urban League to determine if your provider is eligible to receive reimbursement. Ask your provider for the form or contact the Grand Rapids Urban League.

Foods in the infant meal pattern vary according to the infant's age. The pattern for children one year and older is shown below, followed by the infant meal pattern.

## BREAKFAST – 3 components

1. Milk, fluid
2. Full strength Juice, Fruit or Vegetable
3. Grains/Breads

## LUNCH OR SUPPER – 5 COMPONENTS

1. Milk
2. Meat or Meat alternate
3. Vegetable and/or Fruit
4. Additional Fruit and/or Vegetable
5. Grains/Bread

## SNACK – 2 COMPONENTS

- Serve two from the following four food groups:
1. Milk
  2. Meat or Meat alternate
  3. Fruit, Vegetable, or full strength juice
  4. Grains/Bread

Child and Adult Care Food Program – INFANT MEAL PATTERN REQUIREMENTS			
	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
<b>BREAKFAST</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 8 fluid ounces of infant formula or breast milk <b>(OPTIONAL)</b> 0 - 3 Tbsp. of infant cereal	6 - 8 fluid ounces of infant formula or breast milk; <b>AND</b> 2 - 4 Tbsp. of infant cereal; <b>AND</b> 1 - 4 Tbsp. of fruit and/or vegetable
<b>LUNCH OR SUPPER</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 8 fluid ounces of infant formula or breast milk <b>(OPTIONAL)</b> 0 - 3 Tbsp. of infant cereal  0 - 3 Tbsp. of fruit and/or vegetable	6 - 8 fluid ounces of infant formula or breast milk; <b>AND</b> 2 - 4 Tbsp. of cereal <b>OR</b> 1 - 4 Tbsp. of meat, fish, poultry, egg yolk, or cooked dry beans or peas; <b>OR</b> 1/2 - 2 ounces (weight) of cheese, <b>OR</b> 1 - 4 ounces (weight or volume) of cottage cheese or cheese food spread; <b>AND</b> 1 - 4 Tbsp. of fruit and/or vegetable
<b>SNACK</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 6 fluid ounces of infant formula or breast milk	2 - 4 fluid ounces of infant formula or breast milk or full-strength fruit juice <b>(OPTIONAL)</b> 0 - 1/2 slice of crusty bread; or 0 - 2 crackers

- Infant formula and dry infant cereal must be iron-fortified.
- Foods shall be of texture and consistency appropriate for the particular age served.
- Foods shall be served during a span of time consistent with the child's eating habits.
- Additional foods may be served to infants 4 months of age and older, with the intent of improving their overall nutrition.
- Breast milk must be provided by the infant's own mother.
- Bread or crackers must be made from whole grain or enriched meal or flour and suitable for an infant for use as finger food.
- Do not serve peanut butter, egg whites, commercially prepared fish products (such as fish sticks) and honey (including graham crackers made with honey) to infants.

If you have any questions or concerns about the food service in your Family Child Care Home, please contact:

## CHILD AND ADULT CARE FOOD PROGRAM

Michigan Department of Education  
P.O. Box 30008  
Lansing, Michigan 48909  
(517) 373-7391

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Grand Rapids Urban League  
745 Eastern Avenue SE  
Grand Rapids, MI 49503  
(616) 245-2207 or  
800-842-1118, ext. 200

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