



COLORADO
Department of Public Health & Environment

INSTRUCTIONS: Parent completes all applicable sections regarding their child to include days, hours, meals/snacks, school info, infant info, race/ethnicity, signature and contact.

Child Enrollment Form

****This form must be submitted in order to claim a child and a copy (including the "Dear Parent" Notice) must be accessible to parent/guardian.**

Child's First/Last Name

Child's Birthdate

Check here if this child is provider's own and/or part of provider's household.

Provider's Name	
Date	____ / 202__
Provider's License Number	

Southwest Food Program Inc 719-440-8990

If your child is an infant (birth-11 mos)



As the parent of an enrolled infant:

- I will supply breast milk for the provider to feed my infant and decline the iron-fortified infant formula my provider has offered me.
- I accept the iron-fortified infant formula my provider has offered me.
- I decline the iron-fortified infant formula my provider has offered me and will supply my own iron-fortified infant formula.

If your child is school age (K-9)



Hours in school: _____ to _____

Days in school: Mon Tues Wed Thurs Fri

School Attending: _____

School District: _____

Parent's Name Printed _____ Parent's Signature _____ Phone Number _____

Address _____ City, State, Zip _____

To assure that all eligible children are receiving program benefits, please indicate the ethnic and racial identity that you think most closely characterizes your child by selecting one or more of the boxes under each category listed below. This information is voluntary and will not affect the ability of your child to participate in this program. Please select one or more that applies under each category.

- Ethnicity:** Hispanic or Latino Not Hispanic or Latino
- Race:** American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Normal Days in Care	Normal Hours in Care	Normal Meals to be Received While in Care
<input type="checkbox"/> Monday	to	<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"/> Evening Snack
<input type="checkbox"/> Tuesday	to	
<input type="checkbox"/> Wednesday	to	
<input type="checkbox"/> Thursday	to	
<input type="checkbox"/> Friday	to	
<input type="checkbox"/> Saturday	to	
<input type="checkbox"/> Sunday	to	
<input type="checkbox"/> School Holidays	to	

Drop-in care Please complete chart above with all possible days, meals, arrival, and departure

- New CEF Updated CEF

This form is effective (Month/Year): _____

This form expires one year from this date.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discrimination on the bases of race, color, national origin, sex (including gender identity and sexual orientation), disability, reprisal or retaliation of prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the Complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833)256-1665 or (202)690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider. Revised May 2022.



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Child Enrollment Form Participation Letter

Dear Parent or Guardian,

Congratulations! You have chosen a home day care provider that participates in the Child and Adult Care Food Program (CACFP). This means that your child will receive nutritious meals while in care.

Participating in the CACFP means your provider:

- Cares about good nutrition for children.
- Will introduce and serve a variety of nutritious foods for your child to eat.
- Will serve foods appropriate for your child's nutritional needs.

Other important information:

Your provider cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed on the CACFP, except in some special cases. Depending on the hours in care, your provider will be serving your children the following meals:

Breakfast PM Snack
AM Snack Dinner
Lunch Late Snack

To help manage the food program, your provider's food program sponsoring organization may contact you to ask what meals your child served.

If you have any questions about the CACFP, call your provider's sponsor or the Child and Adult Care Food Program at 303-692-2330.

Breakfast	
The participant is served all three food components - fluid milk, vegetables, fruits or both, and grains.	
Fluid Milk	
Vegetables, fruits, or portions of both	
Grains*	<ul style="list-style-type: none"> • Whole grain-rich or enriched bread. • Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin. • Whole grain-rich, enriched, or fortified cooked breakfast cereal, cereal grain, and/or pasta. <ul style="list-style-type: none"> ◦ Flakes or rounds. ◦ Puffed cereal. ◦ Granola.
Grains substituted with a meat/meat alternate* (May be used to meet the entire grain requirement a maximum of three times per week.)	
Lunch and Supper	
The participant is served all five food components - fluid milk, meat/meat alternative, vegetables, fruits, and grains.	
Fluid Milk	
Meat/meat alternates	<ul style="list-style-type: none"> • Lean meat, poultry, or fish. • Tofu, soy product, or alternate protein products. • Cheese. • Large egg. • Cooked dry beans or peas. • Nut, soy, or seed butters. • Yogurt, plain or flavored, unsweetened or sweetened.
The following may be used to meet no more than 50% of the requirement:	
<ul style="list-style-type: none"> • Peanuts, soy nuts, tree nuts, or seeds as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates. 	
Vegetables	
Fruits	
Grains	<ul style="list-style-type: none"> • Whole grain-rich or enriched bread. • Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin. • Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta.
Snack	
The participant is served two of the five food components.	
Fluid Milk	
Meat/meat alternates	<ul style="list-style-type: none"> • Lean meat, poultry, or fish. • Tofu, soy product, or alternate protein products. • Cheese. • Large egg. • Cooked dry beans or peas. • Nut, soy, or seed butters. • Yogurt, plain or flavored, unsweetened or sweetened. • Peanuts, soy nuts, tree nuts, or seeds.
Vegetables	
Fruits	
Grains	<ul style="list-style-type: none"> • Whole grain-rich or enriched bread. • Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin. • Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta. <ul style="list-style-type: none"> ◦ Flakes or rounds. ◦ Puffed cereal.