TO BE COMPLETED BY PARENT/GUARDIAN ONLY

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care. Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

<table>
<thead>
<tr>
<th>Children’s Names</th>
<th>Normal Hours in Care</th>
<th>Normal Meals and Normal Days in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the time your child usually arrives each day.</td>
<td>Enter the time your child usually leaves each day.</td>
</tr>
<tr>
<td>Last:</td>
<td>Time</td>
<td>Time</td>
</tr>
<tr>
<td>First:</td>
<td>AM</td>
<td>PM</td>
</tr>
</tbody>
</table>

**Normal Meals While In Care**
- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Eve Snack

**Normal Days of the Week in Attendance**
- Mon
- Tue
- Wed
- Thu
- Fri
- Sat
- Sun

**INFANT FORMULA SELECTION:** Complete if any child listed above is an infant under one year of age

This center provides [ ] Enfamil [list brand] iron fortified infant formula.

Check one:
- [ ] I accept the center provided formula
- [ ] I decline the center provided formula
- [ ] I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child.

If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

**Updates:** (annual at a minimum)
The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. If there are many changes, please complete a new form.

<table>
<thead>
<tr>
<th>Updates</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Second</td>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Third</td>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Fourth</td>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

USDA and this institution are equal opportunity providers and employers.