

CHILD ENROLLMENT FORM

IDOE/CACFP
July 2017

Name of Institution: Floyd County Head Start
 Name of Facility: Corydon Pike Children's Academy
 Sponsor ID Number: 1220441

Child's Name: _____ Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.					X	X	X
Please check (✓) the meals your child normally receives while in care.	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____

If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

Infant Formula This facility will provide the following iron-fortified infant formula: <u>Gerber Gentle</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____ Infant Meals and Snacks Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/>
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This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____ Phone Number: _____
 Signature of parent/guardian: _____ Date: _____