CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution: SOUTHEASTERN INDIANA Sponsor ID Number: 1690010

Name of Facility: YMCA LEARNING CENTER

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.							
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: _____

Check here to accept: ☐ Check here to decline: ☐ Provide name of parent-provided formula: _____

Infant Meals and Snacks

Check here to accept: ☐ Check here to decline: ☐

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:

This institution is an equal opportunity provider.