

Colorado Department of Public Health and Environment
Child and Adult Care Food Program

Provider's Name: Jane Doe Date: 2-1-10
 Provider's License Number: XXSASX County: Jefferson
 Sponsor's Name and Telephone Number: _____
 Kids' Nutrition Company, Inc.
 303-987-4852

CHILD ENROLLMENT FORM

The information below must be completed by the parent/guardian of the enrolled child/infant.

First Name	Last Name	Birth Date (Month/Day/Year)
Milly	Davis	11/14/04

Check here if this child is provider's own and/or part of provider's household.
 Are other siblings in care? Yes No

Infants Birth through 11 Months
 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.

School Age/Kindergarten information
 Kindergarten Yes No
 School Age Yes No Grade: K
 Hours in school: 8:30 to 11:30
 Days in school: Mon. Tue. Wed. Thur. Fri.
 School Attending: Bramwell Elementary
 School District: Jefferson City

Normal Days in Care	Normal Hours in Care	Normal Meals to be Received While in Care
<input checked="" type="checkbox"/> Monday	7:00 to 2:00	<input checked="" type="checkbox"/> Breakfast
<input checked="" type="checkbox"/> Tuesday	7:30 to 5:30	<input type="checkbox"/> AM Snack
<input checked="" type="checkbox"/> Wednesday	7:00 to 2:00	<input checked="" type="checkbox"/> Lunch
<input checked="" type="checkbox"/> Thursday	7:30 to 5:30	<input checked="" type="checkbox"/> PM Snack
<input checked="" type="checkbox"/> Friday	7:00 to 3:30	<input type="checkbox"/> Supper
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack
<input type="checkbox"/> Sunday	to	In care
<input type="checkbox"/> School Holidays	to	2-3 days per

Sometimes MWF, Snacks T&Th

Parent/Guardian's Signature: Allison Davis

Please Print or Type Name: Allison Davis

Address: 12345 W. Harrison Pl. Morrison, CO 80467

Street/P. O. Box City State Zip Code

Home Phone: (720) 333-2121

Work Phone: (303) 111-8284

Cell Phone: (720) 1211-9999

Email: allison-d@comcast.net

New CEF Updated CEF
 This form is effective: _____

 Month Year
 (This form expires one year from this date)

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. It is ideal for parents or guardians of the children to self-identify the ethnic and racial categories; however, if the parent or guardian declines to self-identify, the provider is required to make a visual identification of the enrolled children's ethnicity and race and record it on the CEF. Please select one or more that applies under each category:

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

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