



The parent/guardian of the enrolled child must complete the information below.

Child's First/Last Name: Milly Davis

Child's Birthdate: 11-14-14

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

Are other siblings in care? Yes No

Provider's Name	<u>Jane Doe</u>
Date	<u>2-1-19</u>
Provider's License Number	<u>XX52XX</u>
Sponsor's Name and Phone Number	<u>Kid's Nutrition Company, Inc. 303-987-4851</u>

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 Tues Wed Thurs Fri

School Attending: Brammwell Elem.

School District: Tefferson Co.

Parent's Name Printed: Allison Davis Parent's Signature: Allison Davis Phone Number: 303-111-0202

Address: 12345 W. Harrison Pl. Morrison, CO 80467 City, State, Zip: allisond@snail.com Email:

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. If the parent or guardian declines to self-identify, the provider is required to make a visual identification of the enrolled child's ethnicity and race and record it on the CEF. 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

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Drop-in care (please fill complete chart above)

New CEF Updated CEF

This form is effective (Month/Year)

This form expires one year from this date.

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 5:00	<input checked="" 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 type="checkbox"/> Friday	7:00 to 3:30	<input type="checkbox"/> Supper
<input type="checkbox"/> Saturday	to to	<input type="checkbox"/> Evening Snack
<input type="checkbox"/> Sunday	to to	
<input type="checkbox"/> School Holidays	to to	