



**Massachusetts Department of Elementary and Secondary Education (ESE)  
Office for Food and Nutrition Programs**

**Child Enrollment Documentation Requirement  
Child and Adult Care Food Program – Child Care Centers**

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians.

Documentation of enrollment must include:

- Each enrolled child's normal days and hours in care and the meal services in which each child normally participates
- Signature of parent or guardian
- Annual updating of the information.

7 CFR 226.15(e)(2) & 226.17(b)(7)

To document enrollment information, child care centers may use the attached CACFP Enrollment Forms or adapt their own form. An adapted form must incorporate the same questions and their intent from the ESE Child Enrollment Form. Sponsors and centers electing to revise the enrollment form must submit a copy to ESE for review and approval prior to use and distribution.

The parent/guardian must complete the form in full with current information, sign, and date the form.

Centers may not claim reimbursement for any participant without a parent/guardian signed enrollment form (new or renewal) on file. Each child enrollment form is effective for a maximum of one year.

Sponsors and centers must perform edit checks for clerical accuracy confirming data entered on all child enrollment forms.

With the CACFP Enrollment form, the Provider must give each parent/guardian a copy of the USDA's "Building for the Future" flyer and the CACFP meal pattern, including the Infant Meal Pattern if applicable.

If you have any question about the requirement for collection of enrollment information, please contact ESE Special Nutrition Services at 781-338-6480.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# Child Enrollment Form

## Child & Adult Care Food Program

Dear Parent/Guardian:

Your child care center Little Sprouts participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

Meals served must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, the child care center has agreed to follow the USDA guidelines. The child care center will give you a copy of the minimum meal components and portion requirements to be served according to the child's age. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

In an effort to assess that these requirements are being met, the USDA and CACFP requires child care centers to annually collect the enrollment information listed below.

**Please complete the form and return it to your child care center. Part 1 and Part 3 need to be completed by all families or guardians. Part 2 is to be completed ONLY if enrolling an infant child (under the age of 12 months).**

### PART 1: CHILD ENROLLMENT INFORMATION

Child's First Name	Last Name	Child's Date of Birth & Age	Beginning Date of Child Care
Times Child Normally Attends For example 7:30 AM – 5 PM  <input checked="" type="checkbox"/> Box <input type="checkbox"/> Schedule Varies		Hours from: _____ to _____  _____ to _____  Check the days your child normally attends <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Check the meals you request that your child receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack

Child's First Name	Last Name	Child's Date of Birth & Age	Beginning Date of Child Care
Times Child Normally Attends For example 7:30 AM – 5 PM  <input checked="" type="checkbox"/> Box <input type="checkbox"/> Schedule Varies		Hours from: _____ to _____  _____ to _____  Check the days your child normally attends <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Check the meals you request that your child receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack

Child's First Name	Last Name	Child's Date of Birth & Age	Beginning Date of Child Care
Times Child Normally Attends For example 7:30 AM – 5 PM  <input checked="" type="checkbox"/> Box <input type="checkbox"/> Schedule Varies		Hours from: _____ to _____  _____ to _____  Check the days your child normally attends <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Check the meals you request that your child receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack

If there are other children in care, please complete additional forms as needed.

FOR SPONSOR OFFICE USE ONLY
Effective Date of this Enrollment Form: _____ Fiscal Year _____ The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

**PART 2: INFANT MEAL NOTIFICATION (Birth through 11 months)**

Nutritious meals meeting the United States Department of Agriculture guidelines are served to all children enrolled in this program, including children under the age of 12 months. The child care center must meet the meal component requirements based on age and development outlined in the Infant Meal Pattern. The child care center will give you a copy of the minimum meal components and portion requirements to be served according to the child's age.

I understand that this child care center will serve a USDA approved formula GOODSTART to my infant while in care.  
(Name of Iron Fortified Infant Formula)

**To help provide the best nutritional care for your infant, please complete the following information.**

**IF YOU FORMULA-FEED YOUR INFANT, PLEASE CHECK ONE OPTION**

I prefer to have the center supply the formula offered. **OR**  I will supply formula for my infant child.

**IF YOU BREAST-FEED YOUR INFANT, PLEASE CHECK**

I will supply expressed (pumped) breast milk for my infant child.

*I understand that this child care center will supply infant cereal and infants foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements.*

I prefer to have the center supply infant cereal and infant foods. **OR**  I will supply infant cereal and infant foods for my infant child

**PART 3: PARENT OR GUARDIAN ACCEPTANCE AND SIGNATURE**

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. I have received a copy of this completed form and the "Building For The Future" Flyer.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name:

Home Phone:

: Please Print

Mailing Address:

Work Phone:

City, State, Zip:

Cell Phone:

CIVIL RIGHTS: This information is voluntary and will not affect your children's eligibility. Please indicate the ethnic and racial identity of your children by checking a box in each of the categories. This information is being collected to assure that everyone receives CACFP benefits on a fair basis.

1. **Ethnic Identity**  HISPANIC OR LATINO  NOT HISPANIC OR LATINO.  
2. **Racial Identity**  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER  WHITE.

**For questions please contact: Sponsor or Child Care Center, Contact Name, Address, and Telephone Number**

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# ***Building for the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating**

**Facilities** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**Eligibility** State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

## **Contact**

**Information** If you have questions about CACFP, **please contact the following Child Care Sponsor:**

**State Agency**

MA Department of Elementary and Secondary Education  
Office for Food and Nutrition Programs  
75 Pleasant Street  
Malden, MA 02148-4906  
781-338-6480

**Sponsor**

English Version

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## CACFP INFANT MEAL PATTERN

<b>Breakfast</b>		
<b>Birth - 3 months</b>	<b>4 - 7 months</b>	<b>8 - 11 months</b>
4-6 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>	4-8 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 Tbsp. infant cereal <sup>1,4</sup>	6-8 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup> and  2-4 Tbsp. infant cereal <sup>1</sup> and  1-4 Tbsp. fruit and/or vegetable
<b>Snack</b>		
<b>Birth - 3 months</b>	<b>4 - 7 months</b>	<b>8 - 11 months</b>
4-6 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>	4-6 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>	2-4 fl.oz. formula <sup>1</sup> , breast milk <sup>2,3</sup> , or fruit juice <sup>5</sup>  0-½ bread <sup>4, 6</sup> or  0-2 crackers <sup>4, 6</sup>
<b>Lunch and Supper</b>		
<b>Birth - 3 months</b>	<b>4 - 7 months</b>	<b>8 - 11 months</b>
4-6 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>	4-8 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 Tbsp. fruit and/or vegetable <sup>4</sup>  0-3 Tbsp. infant cereal <sup>1,4</sup>	6-8 fl.oz. formula <sup>1</sup> or breast milk <sup>2,3</sup> and  1-4 Tbsp. fruit and/or vegetable and  2-4 Tbsp. infant cereal <sup>1</sup> and/or  1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or peas; or  ½-2 oz. cheese; or  1-4 oz. cottage cheese, cheese food, or cheese spread
<p><sup>1</sup> Infant formula and dry infant cereal shall be iron-fortified.</p> <p><sup>2</sup> It is recommended that breast milk be served in place of formula from birth through 11 months.</p> <p><sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.</p> <p><sup>4</sup> A serving of this component shall be offered when developmentally ready.</p> <p><sup>5</sup> Fruit juice shall be full-strength and served in a cup.</p> <p><sup>6</sup> Bread and bread alternates shall be made from whole-grain or enriched meal or flour.</p>		

## Child Care Meal Pattern

<b>Breakfast</b>			
Select All Three Components for a Reimbursable Meal			
<b>Food Components</b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12<sup>1</sup></b>
<b>1 milk<sup>2</sup></b> fluid milk	1/2 cup	3/4 cup	1 cup
<b>1 fruit/vegetable</b> juice, <sup>3</sup> fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
<b>1 grains/bread<sup>4</sup></b> bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. <sup>2</sup> Milk served must be low-fat (1%) or non-fat (skim). <sup>3</sup> Fruit or vegetable juice must be full-strength. <sup>4</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			
<b>Lunch or Supper</b>			
Select All Four Components for a Reimbursable Meal			
<b>Food Components</b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12<sup>1</sup></b>
<b>1 milk<sup>2</sup></b> fluid milk	1/2 cup	3/4 cup	1 cup
<b>2 fruits/vegetables</b> juice, <sup>3</sup> fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
<b>1 grains/bread<sup>4</sup></b> bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
<b>1 meat/meat alternate</b> meat or poultry or fish <sup>5</sup> or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds <sup>6</sup> or yogurt <sup>7</sup>	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1/2 oz. 4 oz.	1½oz. 1½ oz. 1½ oz. 3/4 3/8 cup 3 Tbsp. 3/4 oz. 6 oz.	2 oz. 2 oz. 2 oz. 1 1/2 cup 4 Tbsp. 1 oz. 8 oz.
<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. <sup>2</sup> Milk served must be low-fat (1%) or non-fat (skim). <sup>3</sup> Fruit or vegetable juice must be full-strength. <sup>4</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified. <sup>5</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish. <sup>6</sup> Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement. <sup>7</sup> Yogurt may be plain or flavored, unsweetened or sweetened.			

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