

CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution: Lewis Cass Schools Sponsor ID Number: 0815
 Name of Facility: Lewis Cass Early Learning Academy

① Child's Name: _____ Birthdate: 2/11/2011

③ Please enter the normal hours your child is in care on the specific days of care.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
④ 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 _____	N/A	N/A

⑤ 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

⑥ 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.

⑦ Printed name of parent/guardian: _____ Phone Number: _____

⑧ Signature of parent/guardian: _____ Date: _____

This institution is an equal opportunity provider.