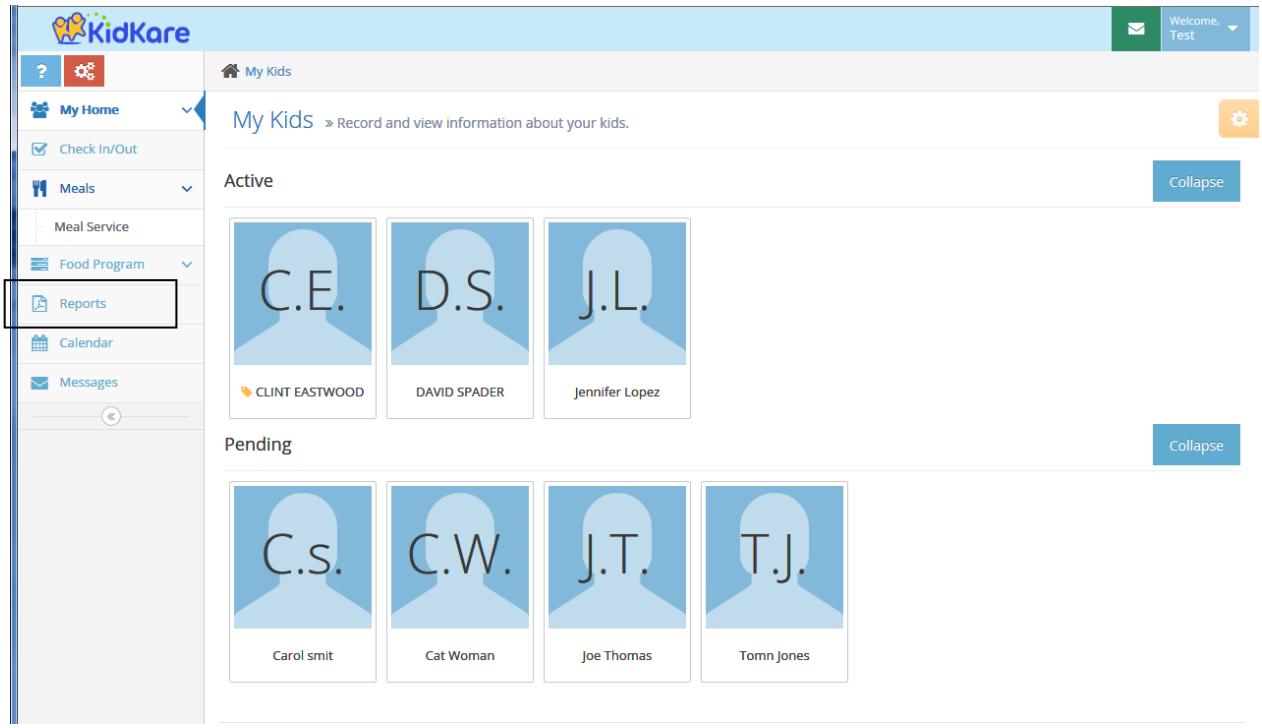
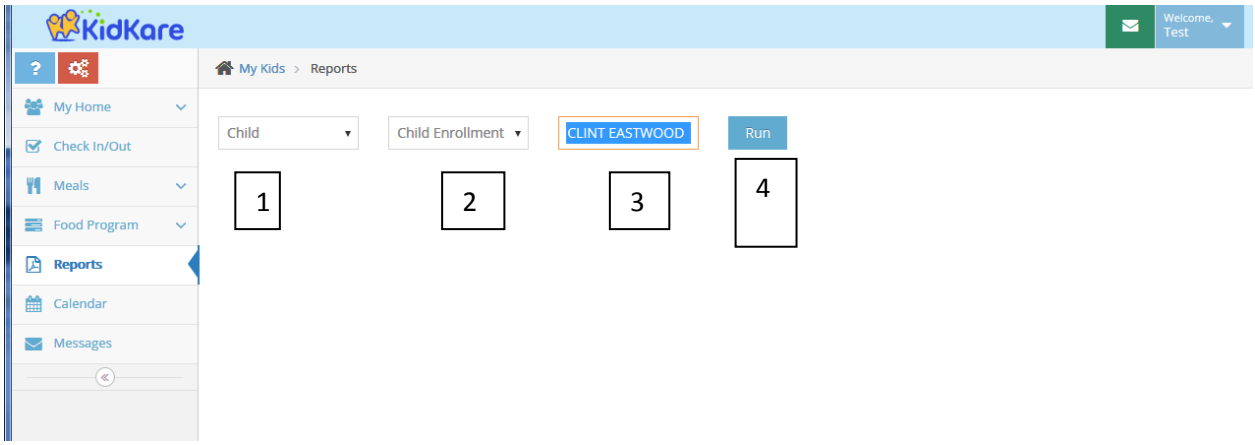

KidKare
Welcome, Test
My Kids
My Home
Check In/Out
Meals
Meal Service
Food Program
Reports
Calendar
Messages
My Kids » Record and view information about your kids.
Active
Collapse
C.E.
CLINT EASTWOOD
D.S.
DAVID SPADER
J.L.
Jennifer Lopez
Pending
Collapse
C.s.
Carol smit
C.W.
Cat Woman
J.T.
Joe Thomas
T.J.
Tomn Jones

1



Provider:
KidKare, Test
Phone: (916)555-1212
Monitor: JR()
Sacramento CA 866660000 Tier:

CHILD ENROLLMENT REPORT

Food Program Sponsoring Agency:
BJ Jordan Child Care Programs, Inc. dba Beans
3325 Myrtle Ave
North Highlands CA 95660

CHILD INFO:

Status: Active

Name: CLINT MI: Last Name: EASTWOOD
Ethnicity: Non Hispanic
Address: 1245 NORTH ROAD
Race: White
City: SACRAMENTO State: CA Zip Code: 94002
Sex: Male
Date of Birth: 06/06/2016 Enrollment Date: 11/01/2016
Age as of Date Printed: 7m

PARENT INFO:

Over Night Stay Approved: No
Payment Source:
Name: MOTHER EASTWOOD
Address: 1245 NORTH ROAD
City: SACRAMENTO State: CA Zip Code: 94002 Email:
Phone: (916)555-1212

NORMAL SCHEDULE:

Participating Days: MON TUE WED THU FRI SAT SUN
Weekday Times: 07:00 AM - 05:00 PM
Participating Meals: BRK AMS LUN PMS
Weekend Times: 07:00 AM - 05:00 PM

SPECIAL INFO:

Participates in CACFP: YES
Relation to Provider: NotRelated
Child Comments:
Special Needs: YES
Special Diet: YES
If either are YES, attach a signed medical statement.
Special Diet Text:

Breastmilk and Iron-Fortified Infant Formula (IFIF)

Your provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily. If you choose to supply breastmilk for your infant, write "Parent Supplies Breastmilk or IFIF" on this form. If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula you will be supplying in the space provided on this form and write "Parent Supplies Breastmilk or IFIF" on this form. If the formula you provide is low-iron fortified, non-iron fortified, or a specialty formula, a medical statement is required.

When your infant is four months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by 7CFR226.20. These foods will include iron-fortified infant cereal, fruits, vegetables, meats, and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplimental foods and refusing the provider's supplemental foods.

Note to parents who receive formula through the WIC program: Your infant is eligible to receive formula from this child care facility as well as from the WIC program. It is your decision which formula you want your infant to use when in child care.

Formula: Accept the formula supplied by the provider
Formula Offered by Provider: Similac w/Iron
Food: Accept any developmentally appropriate foods offered by the provider
Formula Offered by Parent:

Dear Family, Congratulations!

Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our Program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.

I have verified that the above information is correct, and I have received a copy of this completed form and the Building For The Future Flyer.

Parent/Guardian Signature: _____ Date: _____

Provider's Signature: _____ ID#: 777777

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