

# Mid-State Child Care & Nutrition

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This institution is an equal opportunity provider

## CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM

Your child care provider \_\_\_\_\_ participates in the Child and Adult Care Food Program.  
(PROVIDER NAME)

The Child Adult Care Food Program (CACFP) extends the benefits of the National School Lunch program to children in family child care homes. Your child care provider participates in the CACFP and is sponsored by Mid-State Child Care & Nutrition. Arizona Department of Education administers the Program at the State level and can be contacted at 1535 W. Jefferson, Bin #7 Phoenix, AZ 85007 602.542.8700  
Under the regulations of the Child and Adult Care Food Program **your provider may not** charge you separate fees for meals nor ask you to provide food for your child for those meals claimed under the program. A maximum of 2 meals and 1 snack or 2 snacks and 1 meal may be reimbursed per day for your child(ren) on the Child and Adult Care Food Program. Verification procedures may be conducted to insure that your provider's claims for reimbursement are consistent with child care services provided. As the sponsor for your provider, we must verify that your child is enrolled in the home for child care.

Please complete the following: **I wish to enroll the following children in the CACFP:**

| CHILD(REN'S) FULL NAME | BIRTH DATE | NAME OF SCHOOL<br><small>(enter "none" if applicable)</small> | SCHOOL HOURS &<br>Meal served at school <b>CAN NOT</b> be<br>claimed by the child care provider |
|------------------------|------------|---|---|
|                        |            |   |   |
|                        |            |   |   |
|                        |            |   |   |
|                        |            |   |   |

Is school year round?  Yes  No

Is transportation to/from school needed?  Yes  No

Infants 11 months and under list type of formula offered: \_\_\_\_\_  Accept  Decline (I will provide: \_\_\_\_\_)  Not applicable

Check meals served to your child while in day care:  Breakfast  Lunch  Dinner  Snacks

Days child care will normally be needed:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours of care will normally be needed from: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Will days and/or hours of care vary at any time?  Yes  No If Yes, please explain: \_\_\_\_\_

Will holiday care be needed?  Yes  No Holidays include Federal, State, and Local holidays.

**If applicable provide permission for those who may pick up child/ren named above:**

First and Last Name \_\_\_\_\_ First and Last Name \_\_\_\_\_

Call ahead and notify child care home if additional persons have permission to provide pick up.

**Check all that apply:**

\_\_\_ Day Care Child      \_\_\_ Provider's Own Child/Residential  
\_\_\_ New Enrollment      \_\_\_ Continuing Enrollment  
\_\_\_ For Compensation      \_\_\_ Not for Compensation

**Permission**

|                                      |    |     |    |
|--------------------------------------|----|-----|----|
| Permission for use of trampoline?    | NA | Yes | No |
| Permission for swimming activities?  | NA | Yes | No |
| Permission for transportation?       | NA | Yes | No |
| Permission to administer medication? | NA | Yes | No |

PARENT/GUARDIAN SIGNATURE

WORK PHONE #

HOME/MESSAGE PHONE

MAILING ADDRESS

CITY

ZIP

DATE

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  
 White  
 Black or African American

- American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

White Copy: Mail to MSCCN Office.

Yellow Copy: Provider Copy maintain for 5 years.