



**For Families Pre-Registering/Pre-Enrolling with Handicare, Inc.
Iowa Child and Adult Care Food Program
Child Care Enrollment Form**

Return to
Nicole Studt
UI Family Services Office
121-50 USB
319-353-2384 (fax)

I give permission for my infant/child to be cared for at **Handicare, Inc**

Child's Name _____ Birth Date _____

My infant/child's usual time of attendance will be--select (X) your choice(s):

Days: Monday Tuesday Wednesday Thursday Friday

Hours: Arriving at _____ Leaving at _____

My infant/child's anticipated meal participation will be--select (X) your choice(s):

Breakfast AM Snack Lunch PM Snack
(preschool only)

Infants (under one year of age):

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the ages and developmental readiness of your child.

Handicare, Inc. is mandated by the CACFP to serve only infant formula or breast milk to children under 12 month of age. This means that we cannot serve cow's milk until the child is over 1 year of age. Pureed baby foods, baby cereal and solid foods will be supplemented as parents request from 4 months of age until 1 year.

Please select (X) your choice(s) of the following options that will fulfill your infant's food needs

A. Breast Milk and/or Formula

- I will provide breast milk for my infant. **Handicare, Inc.** formula may be used to supplement feedings if necessary. Yes No
- I will provide my own infant formula for my child. Name of formula _____
I understand that if my child runs out of formula, **Handicare, Inc.** will substitute its own formula until I bring more.
- I accept the center's formula (Wal-Mart's Parent's Choice Iron Fortified formula) for my infant. This will be provided by Handicare, Inc. at no extra cost to me.

B. Solid Foods

- I accept the center's solid foods (appropriately textured) to be served to my infant, as he/she is ready for them and after I have discussed it with the caregiver. This is provided by Handicare at no extra cost to me.
- I will provide solid foods for my infant. Handicare, Inc. may supplement with additional solid foods when my infant needs them. Yes No

Parent Signature _____ Date _____