

**FAMILY REGISTRATION PARENT/GUARDIAN INFORMATION** REGISTRATION DATE: \_\_\_\_\_

**Primary Payer: Mother/ Father/Guardian (Circle One)**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ May we contact you via text? [ ] Yes [ ] No

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Would you like your monthly statements sent to this email? [ ] Yes [ ] No

*(Please note: By marking yes on the above option, you **will not** receive monthly statements via postal mail delivery.)*

This person may (or may not) be contacted for the following:

**Emergencies-** [ ] Okay To Contact [ ] Do Not Contact

**Pick Up or Drop Off-** [ ] Allow [ ] Do Not Allow *(Please note: a legal court document must be provided, before this can be enforced.)*

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

**Secondary Payer: Mother/ Father/Guardian (Circle One)**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ May we contact you via text? [ ] Yes [ ] No

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Would you like your monthly statements sent to this email? [ ] Yes [ ] No

*(Please note: By marking yes on the above option, you **will not** receive monthly statements via postal mail delivery.)*

This person may (or may not) be contacted for the following:

**Emergencies-** [ ] Okay To Contact [ ] Do Not Contact

**Pick Up or Drop Off-** [ ] Allow [ ] Do Not Allow *(Please note: a legal court document must be provided, before this can be enforced.)*

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

**Tuition / Payment Information:**

Do you currently receive or plan to apply for childcare assistance? [ ] Yes [ ] No If yes, which source: \_\_\_\_\_

Please state if tuition is to be split and billed between both parents, in the space provided below.

*(Please Note: Each person responsible for payments must sign a tuition agreement in person.)*

Please **do not** list outside agencies, such as DWS (Child Care Subsidy) or any other assistance programs, in this section. We will gladly accept payments from other sources, however, only the person(s) signing the tuition agreement can and will be held responsible for payments due.

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that would be helpful to our management and teaching staff? \_\_\_\_\_

**How did you hear about Little Wonders Learning Center?**

[ ] Drive By [ ] Word of Mouth [ ] Radio [ ] Newspaper [ ] Internet [ ] Phone Book [ ] Other: \_\_\_\_\_

[ ] Referring Friend/Family Member: If so, whom may we thank? \_\_\_\_\_

**Child Information**

[ ] Please Mark if Only Child Attending

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

**Chronic Illnesses or Medical Conditions-**

Check all that apply:

Does your child have any known allergies or sensitivities to the following?

Medications [ ] Yes [ ] No If yes, please list: \_\_\_\_\_

Foods: [ ] Yes [ ] No If yes, please list: \_\_\_\_\_

Other: [ ] Yes [ ] No If yes, please list: \_\_\_\_\_

Does your child have any of the following?

Asthma [ ] Yes [ ] No Visual Impairment [ ] Yes [ ] No Headaches [ ] Yes [ ] No Seizures [ ] Yes [ ] No

Diabetes [ ] Yes [ ] No Chronic Ear Infections [ ] Yes [ ] No ADD/ADHD [ ] Yes [ ] No Hepatitis [ ] Yes [ ] No

Physical Impairment [ ] Yes [ ] No Developmental Delays [ ] Yes [ ] No Behavioral/Emotional [ ] Yes [ ] No

Heart Problems [ ] Yes [ ] No Hearing Impairment [ ] Yes [ ] No Stomach/Digestive [ ] Yes [ ] No

If you answered "yes" to any of the above questions or if your child has any other health concerns, please give a brief explanation:

\_\_\_\_\_

List any regular medications that child takes: \_\_\_\_\_

Will we need to administer during the hours that child attends? [ ] Yes [ ] No (If yes, please request a medication release form).

Any disorders/developmental (slow, advanced) diagnosed or suspected? \_\_\_\_\_

Please give a brief description of your child's disposition. Are they friendly by nature, aggressive, shy, withdrawn, imaginative, and/or demanding, etc. \_\_\_\_\_

Any problems with previous daycares:

\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Date of last medical exam: \_\_\_\_\_

Address or Facility: \_\_\_\_\_ Phone:(\_\_\_\_)

Dentist's Name: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

Address or Facility \_\_\_\_\_ Phone:(\_\_\_\_)

**(Parent Signature)**

**(Printed Name)**

**(Date)**

Reviewed and/or updated: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or updated: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or updated: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or updated: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Reviewed and/or updated: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons (*other than parents*):**

**Contact/Pick Up** Name: \_\_\_\_\_ Home /Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_  
*Please check all that apply:* [  ] Emergency Contact [  ] Able to pick up all children in the family  
[  ] Not able to pick up the following children: \_\_\_\_\_

**Contact/Pick Up** Name: \_\_\_\_\_ Home /Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_  
*Please check all that apply:* [  ] Emergency Contact [  ] Able to pick up all children in the family  
[  ] Not able to pick up the following children: \_\_\_\_\_

**Contact/Pick Up** Name: \_\_\_\_\_ Home /Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_  
*Please check all that apply:* [  ] Emergency Contact [  ] Able to pick up all children in the family  
[  ] Not able to pick up the following children: \_\_\_\_\_

**Out of State Emergency Contact; Required by the State of Utah**

Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_  
[  ] Able to pick up all children in the family

**If you would like to add additional emergency contacts or authorized pickup persons, please request a second form to do so.**

We obtain strict confidentiality procedures at Little Wonders and take every effort to ensure that no one has unauthorized access to any child’s personal information as well as that of their family. Information will not be disclosed to any unauthorized persons without written consent from you, the child’s parent/guardian.

We keep all records locked up and are made only accessible to our administration office. Any information that is given to us regarding your child and family will not be copied or shared with any other source, with the exception of an emergency situation (as stated in the section below).

**Signature Section:**

Please check one:  
[  ] **YES** [  ] **NO** I hereby give Little Wonders permission to photograph my child/children during daycare hours. I understand that photos may be used on our website [www.littlewonderslearningcenter.net](http://www.littlewonderslearningcenter.net) and for some social media and/or advertising purposes. Children’s names and personal information will not be shared at any time. Parents will always be informed of when and how their child/children’s picture(s) are being used. Photos will only be handled by management and with good taste and discretion.

Please check one:  
[  ] **YES** [  ] **NO** I hereby give Little Wonders permission to photograph my child/children during daycare hours. I understand that photos may be used on displays within the daycare such as my child’s classroom or the office. Children’s names and personal information will not be shared at any time. Parents will always be informed of when and how their child/children’s picture(s) are being used. Photos will only be handled by management and with good taste and discretion.

Please initial:  
[ \_\_\_\_\_ ] In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize Little Wonders to obtain emergency medical care and/or provide emergency transportation for my child/children.

[ \_\_\_\_\_ ] I acknowledge that I have received a copy of Little Wonders Policies. I have read it and agree to its conditions.

**By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.**

\_\_\_\_\_  
**(Signature of Parent or Guardian)**

\_\_\_\_\_  
**(Printed Name)**

\_\_\_\_\_  
**(Date)**

# TUITION CONTRACT

CHILD'S NAME \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SCHEDULE

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

CHILD'S HOURS \_\_\_\_\_ drop off \_\_\_\_\_ pickup TRANSPORTATION: 1 way \$85\_\_ 2 way \$150\_\_

MONTHLY TUITION \$ \_\_\_\_\_ HOURLY RATE \$ \_\_\_\_\_

This tuition agreement is Effective Starting April 1, 2022. Please fill out a new agreement if there is **any** change in your child's schedule during the year.

Tuition is **due in advance** on the **1<sup>st</sup> day** of the month. Payment must be received **prior to the 5th of each month to prevent a late fee assessment (\$25)**. If a balance remains on the **10th of the month** your child will be suspended from care until the balance is paid in full. Finance charges in the amount of 18% per annum with a minimum of \$25 per month will be added to past due balances. A returned check fee or a credit card decline are assessed \$25. Tuition rates may be adjusted as needed throughout the year.

A non-refundable **\$30.00** registration fee is due when turning in registration forms.

Monthly tuition is a set tuition with no allowances for holidays, scheduled closures, or absences including sickness and vacation. A child's slot may only be secured by continuous enrollment.

A two-week notice is required to withdraw children from Little Wonders. Tuition will continue to be billed until the required written notice of withdrawal is provided. Please fill out a "**Child Withdrawal Form**."

**The Center closes at 6:00 pm.** A late charge of **\$5.00** for every 5 minutes will be assessed in addition to regular tuition if a child is not picked up by 6:00 pm.

Little Wonders Learning Center will be **closed** on the following dates during the 2023:

Jan 2<sup>nd</sup>, Jan 16<sup>th</sup>, Feb 20<sup>th</sup>, May 29<sup>th</sup>, July 4<sup>th</sup>, July 24<sup>th</sup>, Sept 4<sup>th</sup>, Nov 23<sup>rd</sup>-24<sup>th</sup>, Dec 22<sup>nd</sup> & 25<sup>th</sup>, Dec 29<sup>th</sup>

I agree to the terms and conditions set herein. If collections become necessary, I agree to pay all collection agency fees, court costs, and attorney fees up to 40%.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's Signature Print Name Social Security #**

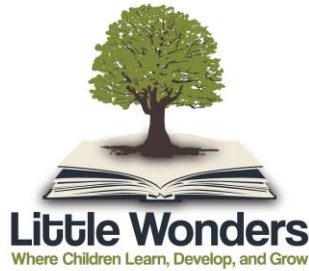
\_\_\_\_\_  
**Father's Signature Print Name Social Security #**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Administrator**

[For office use only] For updated tuition agreements:

Billing Contract and Formula  Prorate on Ledger  Print Statement  Info to Transportation Dept.  Child Tracking  Child's Schedule  Class List  Preschool List  Lunch Count Allergies



## Child Care Waiver of Liability

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Parents/Legal Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Email \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

### Signature of Parent/Guardian:

\_\_\_\_\_

Waiver of Liability, and Assumption of Risk & Indemnity Agreement Notice: This is a legal binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Little Wonders Learning Center and its owner, directors, office managers, caregivers, and all other persons acting for them, from any and all claims, demands, suits, cost and charges, in connection with Little Wonders Learning Center Inc., including but not limited to; personal injury, bodily harm, injury or property damage occurring while the above child / children is/are in their care at Little Wonders Learning Center.

# Getting To Know Your Child (2 Years and Older)

**\*\*Please fill out ALL areas on BOTH pages\*\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Parents/Guardians place of work and hours: \_\_\_\_\_

Does your child have siblings? (circle one):                      YES                      NO

If "yes", what are their names and ages? \_\_\_\_\_

\_\_\_\_\_

What is your family dynamic? (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your family have any pets? If yes, what kind are they and what are their names? \_\_\_\_\_

\_\_\_\_\_

What motivates your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's likes: \_\_\_\_\_

What are your child's dislikes: \_\_\_\_\_

Typical mood/personality for your child: \_\_\_\_\_

\_\_\_\_\_

Social aspects you want your child to improve on: \_\_\_\_\_

\_\_\_\_\_

Educational aspects you want your child to improve on: \_\_\_\_\_

\_\_\_\_\_

What is your child's nap schedule/habits? \_\_\_\_\_

\_\_\_\_\_

How do you help your child when they are upset/not listening? \_\_\_\_\_

\_\_\_\_\_

What helps your child calm down? \_\_\_\_\_

\_\_\_\_\_

Something I LOVE about my child: \_\_\_\_\_

\_\_\_\_\_

Something my child struggles with: \_\_\_\_\_

\_\_\_\_\_

Is your child Potty Trained?                      YES                      NO

If "NO", are they in diapers or pull-ups? \_\_\_\_\_

What are your child's bathroom routines/habits at home? \_\_\_\_\_

\_\_\_\_\_

Health concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any foods your child will NOT eat? \_\_\_\_\_

\_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special circumstances or additional information that Administration and Teachers should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Getting To Know Your Child (6 weeks – 24 months)

**\*\*Please fill out ALL areas on BOTH pages\*\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Parents/Guardians place of work and hours: \_\_\_\_\_

Does your child have siblings? (circle one):                      YES                      NO

If "yes", what are their names and ages? \_\_\_\_\_

\_\_\_\_\_

What is your family dynamic? (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your family have any pets? If yes, what kind are they and what are their names? \_\_\_\_\_

\_\_\_\_\_

What motivates your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's likes: \_\_\_\_\_

What are your child's dislikes: \_\_\_\_\_

Typical mood/personality for your child: \_\_\_\_\_

\_\_\_\_\_

Social aspects you want your child to improve on: \_\_\_\_\_

\_\_\_\_\_



What is your child's nap schedule \_\_\_\_\_

What helps your child fall asleep? \_\_\_\_\_

How do you help your child when they are upset/not listening? \_\_\_\_\_

What helps your child calm down? \_\_\_\_\_

When do you plan to introduce your child to solid food? (if applicable) \_\_\_\_\_

Does your child use a bottle/sippy cup? (circle one)                      YES                      NO

If "YES", would you like them to be weaned off? And when? \_\_\_\_\_

Something I LOVE about my child: \_\_\_\_\_

Something my child struggles with: \_\_\_\_\_

Health concerns we should be aware of: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any foods your child will NOT eat? \_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

Any special circumstances or additional information that Administration and Teachers should be aware of: \_\_\_\_\_

# LITTLE WONDERS TRANSPORTATION POLICIES

We are excited to start another school year, and we want to be sure that our routes run smoothly and safely. Please read through the following guidelines, and let us know if you have any questions or concerns.

Unless you notify Little Wonders one hour in advance, we will assume that we are taking and/or picking up every child on the schedule, and you will be charged. If your child is sick or won't be attending school for any reason, please call by 7:30 am and leave a message, specifying which trips you are canceling.

Any behavior that endangers your child or others, distracts the driver, or delays the bus, will result in a warning the first time, a phone call to the parents the second time, and a two week suspension from the bus the third time. Examples of these behaviors include: taking seat belts off or refusing to put them on, screaming, hitting, refusing to get on the bus, or not meeting in the designated area on time.

If we cannot find your child within five minutes of the school's dismissal time, we will attempt to call you. After 10 minutes total, we must leave in order to get to the next school. We will not be able to return to the school once the child is found. Please communicate with your child about what to expect every day.

Little Wonders cannot be responsible for children left at school because of miscommunication from parents or because a child could not be found.

We do everything we can to keep up on the school schedules, but it is the parent's responsibility to let us know of any schedule changes.

Because most schools begin and end at the same time, your child may be dropped off fifteen minutes before school and picked up fifteen minutes after. We will make arrangements with the office if this becomes necessary.

We have your child scheduled on the following route(s):

**Name of Child :** \_\_\_\_\_

**School child attends :** \_\_\_\_\_

**AM, NOON, or PM pick up/ drop off :** \_\_\_\_\_

**Days of the Week :** \_\_\_\_\_

*I have read and agree with Little Wonders Transportation Policies.*

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature



# Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Little Wonders North

Enrollment Date:

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in State Foster care and children who meet the definition of Homeless, Migrant, Runaway or participate in Head start programs are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information	Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (Include ALL hours the child might be in care)		Normal Days and Hours in Care (Include ALL hours the child might be in care)							Head Start	Foster Child	Runaway Homeless Migrant	
			Arrival Time	Departure Time	M	T	W	T	F	S	S				

## STEP 2 Do any of the Household Members (including you) currently participate in one or more of the following eligible assistance programs?: If NO > Go to STEP 3

**A.** This box indicates which program applicant is enrolled in.

**B.** Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)

**C.** Enter case number of the selected assistance program in this space

1. School/Child Care  
2. Adult Center  
3. Family Day Care Home

1. SNAP, TANF-FAP, FDPIR  
2. SNAP, FDPIR, Medicaid  
3. SNAP, TANF-FAP, FDPIR, Medicaid, WIC

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank. you are certifying (promising) that there is no income to report

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/ Retirement. Other income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Total Household Members (children and Adults)      Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member      Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)      City      State      Zip code      Daytime Phone and Email (optional)

Printed name of adult signing the form      Signature of adult      Today's Date

**INSTRUCTIONS** Sources of Income

Sources of income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's Benefits	-A child is blind or disabled and receives Social Security benefits  -A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the U.S. Military:  Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals

Ethnicity (check one):  Hispanic or Latino  Not hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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:

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

**Do not fill out** For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income 

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Household Size  Categorical Eligibility 

Free	Reduced	Paid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

# Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Little Wonders South

Enrollment Date:

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **State Foster care** and children who meet the definition of **Homeless, Migrant, Runaway or participate in Head start programs** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information

Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (Include ALL hours the child might be in care)						Head Start	Foster Child	Runaway Homeless Migrant
		Arrival Time	Departure Time	M	T	W	T			

## STEP 2 Do any of the Household Members (including you) currently participate in one or more of the following eligible assistance programs?: If NO > Go to STEP 3

**A.** This box indicates which program applicant is enrolled in.

**B.** Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)

**C.** Enter case number of the selected assistance program in this space

- School/Child Care
- Adult Center
- Family Day Care Home

- SNAP, TANF-FAP, FDPIR
- SNAP, FDPIR, Medicaid
- SNAP, TANF-FAP, FDPIR, Medicaid, WIC

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

\$

Weekly	By-weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report **total gross income** (before taxes) for each source in **whole dollars** (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank. you are certifying (promising) that there is no income to report

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/ Retirement. Other income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Household Members (children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X

X X X

Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

City

State

Zip code

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's Date

**INSTRUCTIONS** Sources of Income

Sources of income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's Benefits	-A child is blind or disabled and receives Social Security benefits  -A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the U.S. Military:  Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals

Ethnicity (check one):  Hispanic or Latino  Not hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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:

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

**Do not fill out** For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income 

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Household Size  Categorical Eligibility 

Free	Reduced	Paid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

# Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Little Wonders West

Enrollment Date:

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in State Foster care and children who meet the definition of Homeless, Migrant, Runaway or participate in Head start programs are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information	Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (Include ALL hours the child might be in care)		Normal Days and Hours in Care (Include ALL hours the child might be in care)							Head Start	Foster Child	Runaway Homeless Migrant		
			Arrival Time	Departure Time	M	T	W	T	F	S	S					

## STEP 2 Do any of the Household Members (including you) currently participate in one or more of the following eligible assistance programs?: If NO > Go to STEP 3

**A.** This box indicates which program applicant is enrolled in.

**B.** Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)

**C.** Enter case number of the selected assistance program in this space

1. School/Child Care  
2. Adult Center  
3. Family Day Care Home

1. SNAP, TANF-FAP, FDPIR  
2. SNAP, FDPIR, Medicaid  
3. SNAP, TANF-FAP, FDPIR, Medicaid, WIC

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

Are you unsure what income to include here?

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		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
	\$					\$					\$						
	\$					\$					\$						
	\$					\$					\$						
	\$					\$					\$						

Total Household Members (children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member         Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

City  State  Zip code

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's Date



**INSTRUCTIONS** Sources of Income

Sources of income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
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Sources of Income for Adults

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**OPTIONAL** Children's Racial and Ethnic identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals

Ethnicity (check one):  Hispanic or Latino  Not hispanic or Latino  
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The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF-FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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.

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mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
 fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
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**Do not fill out** For Official Use Only

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Total Income 

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Household Size  Categorical Eligibility 

Free	Reduced	Paid
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature  Date  Confirming Official's Signature  Date  Verifying Official's Signature  Date

**Child and Adult Care Food Program**  
**INFANT FORMULA/FOOD WAIVER NOTIFICATION**

\_\_\_\_\_  
(Name of Child Care Center/Home)

\_\_\_\_\_  
(Infant's Name)

\_\_\_\_\_  
(Birth Date)

**For Parent/Guardian of Infants Age Birth Through 11 Months**

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

*(Instructions—The center/home must complete this section before giving to the parent/guardian.)*

**This center/home will provide:**

**Iron-fortified infant formula** (list brand) \_\_\_\_\_;

**Iron-fortified infant cereal** (list type such as baby rice cereal) \_\_\_\_\_; and

**Food appropriate for infants**  **Commercial baby food** and/or

**Table food** offered at the appropriate consistency for the development of the infant

*(Instructions— The parent/guardian must ANSWER THE FOLLOWING QUESTION and MARK ONE OF THE CHOICES FROM EACH OF THE THREE SECTIONS BELOW; then sign and date this form.*

**What do you currently feed your infant?**

Iron-fortified infant formula

Breast milk

Low-iron or another type of infant formula provided for medical reasons  
I will receive a *Medical Exception Statement for Food Substitutions*.

**The parent or guardian would like their infant to be fed the following while in care.**

**Section 1—Infant Formula or Breast Milk**

\_\_\_\_\_ **Choice 1**—I want my infant to **receive the child care center-/home-provided iron-fortified infant formula** identified above. I will not bring infant formula from home.

\_\_\_\_\_ **Choice 2**—I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to **bring my own formula/breast milk**. If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.

**Section 2—Infant Cereal**

\_\_\_\_\_ **Choice 1**—I want my infant to **receive the child care center-/home-provided iron-fortified infant cereal**, identified above. I will not bring infant cereal from home.

\_\_\_\_\_ **Choice 2**—I understand I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to **bring my own infant cereal**. If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

**Section 3—Baby Food**

\_\_\_\_\_ **Choice 1**—I want my infant to **receive the child care center-/home-provided baby food** identified above. I will not bring baby food from home

\_\_\_\_\_ **Choice 2**—I understand I am not required to bring baby food that I purchase, however, I want to **bring my own baby food**. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.

If I decide to change the selections I made above, I will be required to complete another form.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Infant Feeding Plan

\*A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Formula: Yes / No	Breast Feeding/ Breastmilk: Yes / No
Yes / No Will formula be prepared at home? Yes / No Will formula be prepared by caregiver? If the caregiver will be preparing the formula, please indicate any special instructions: _____	I will nurse my child at the center at these times: _____ I will provide breastmilk If breast milk is unavailable for a feeding, the center should: _____

\*All breastmilk must be labeled with child's name and date

### Feedings:

Please describe your child's feeding schedule, including amount given:

\_\_\_\_\_

Yes / No Does your child take a bottle?

Yes / No Is the bottle warmed?

Yes / No Does your child hold his/her own bottle?

Yes / No Are there any special instructions for bottle feeding your child?

If "yes", please explain: \_\_\_\_\_

Yes / No Does your child have any problems with feedings, such as choking or spitting up?

If "yes", please explain: \_\_\_\_\_

### Introduction to solid foods:

The introduction of solid foods should occur no sooner than 4 months. Please consult with your child's primary physician before giving solid foods.

Yes / No Has your child started eating solid foods?

If "yes", what type of food are they being offered:

Semisolid foods (Infant Cereal, strained fruits/vegetables)

Modified table food (mashed, soft, or diced fruit/vegetables, strained meats, pieces of soft bread)

Finger foods (Small pieces of soft/ cooked table food, chopped food)

Please describe your child's solid food schedule:

\_\_\_\_\_

If "no", when do you plan to introduce solid foods? \_\_\_\_\_

### Updates:

Date:	Changes to feeding plan:	Parent initials: