



YOUTH & FAMILY  
SERVICES

### Nutrition Enrollment Form

Each family must fill out, sign and date this form in order to enroll their child(ren) in the YFS Nutrition Program. All information is required and must be completed. Additionally, you are required to sign each child in and out of the child care program daily. There is no charge for this meal service.

**Enrollment Date:** \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Apt/Lot # City State Zip

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child(ren) in Care:**

<u>Child's First and Last Name</u>	<u>Date of Birth</u>	<u>Circle Days in Care</u>	<u>Specify Times In Care</u>	<u>Circle Meals Eaten</u>
1. _____	___/___/___	S M T W R F S	___ to ___	B A L P S E
2. _____	___/___/___	S M T W R F S	___ to ___	B A L P S E
3. _____	___/___/___	S M T W R F S	___ to ___	B A L P S E
4. _____	___/___/___	S M T W R F S	___ to ___	B A L P S E
5. _____	___/___/___	S M T W R F S	___ to ___	B A L P S E

\*B= Breakfast, A= Morning Snack, L= Lunch, P= Afternoon Snack, S= Supper, E=Evening Snack

The Child and Adult Care Food Program ensures your children are eating nutritious meals and snacks while in your provider's care. The WIC Program is a supplemental nutrition program for eligible women, infants, and children funded by the U.S. Department of Agriculture and administered by the South Dakota Department of Health. For the number of the local WIC office, call (800) 738-2301.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_