Enrollment Application

402 NE Clark Drive, Verndale, MN 56481 | (218) 445-5568

Date of Enrollment: _____

Child's Name: _____ Date of Birth: _____ Sex: M/F
Address: _____
City/State: _____ Zip Code: _____

Enrolling Parent/Guardian's Name: _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Place of Employment: _____ Phone: _____

Second Parent/Guardian's Name: _____
Address (if different): _____
City/State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Place of Employment: _____ Phone: _____
Child Live with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Authorization to Pick-Up Child

***Proper Notification and Identification is required before the child will be released to anyone.**

_____

Name Relationship to child Phone Number

_____

Name Relationship to child Phone Number

_____

Name Relationship to child Phone Number

Please list anyone who is **NOT ALLOWED** to pick up your child from VACA Childcare Center. (A copy of the court order is required if a parent is not allowed to pick up the child)
Names: _____

_____

Authorized Emergency Contacts – Required

Name: _____ Phone Number: _____
Address: _____ Relationship: _____
Name: _____ Phone Number: _____
Address: _____ Relationship: _____
Name: _____ Phone Number: _____
Address: _____ Relationship: _____

Medical Information

Child's Physician/Clinic: _____ Phone Number: _____
Address: _____
Child's Dentist: _____ Phone Number: _____
Address: _____
Does your child have any **allergies**? Yes _____ No _____ Please describe if Yes: _____
_____
Are there any **medical** concerns or needs concerning your child that we should be aware of?
Yes _____ No _____ Please describe if Yes: _____
_____

Release Agreement

**Please read, initial and sign below:

_____ 1. I have received a copy of the fee schedule and understand it is my responsibility to pay the full weekly rate regardless of whether my child is in attendance or not.
_____ 2. I agree to pay in advance for next week's tuition by Friday.
_____ 3. I am aware that I will be charged a late fee for payments received after 9 am Monday of current week. I also understand that if I pick my child up after 6 pm, I will be charged a late fee.
_____ 4. I have received a copy of the Parent Handbook. I know it is my responsibility to read it.
_____ 5. I authorize Verndale Area Christian Academy Childcare staff to initiate emergency medical and dental care (i.e. CPR/First Aid) and call Emergency Personnel (911), if need arises.
_____ 6. I authorize Verndale Area Christian Academy Childcare staff to contact Poison Control, if need arises, and follow any guidelines they recommend for my child.
_____ 7. I have read and understand the Parental Supervision Policy.
_____ 8. I have read and understand the Defamation/Slander Policy.
_____ 9. I authorize VACA Childcare staff to apply diaper rash cream, sunscreen, and/or insect repellant (which I will provide) to my child as needed.
_____ 10. I hereby give permission for my enrolled child in VACA Childcare to have photos taken and printed in newspapers, newsletters, school websites, social media, and Facebook for purposes of publicizing the program, reports on program progress, and sharing special events with the public. I understand that this could include videotaping.
_____ 11. I hereby give permission for the exchange of any information between VACA Childcare and School district staff whenever such exchange would enable either party to best meet the needs of my child.

_____ 12. I authorize VACA Childcare staff to take my child on walks as the weather permits. Also, upon notification and my signature of permission, the center is authorized to take my child on planned field trips on foot or parent transportation. I also understand that no refunds will be given unless the field trip is canceled by VACA Childcare.

_____ 13. I hereby give permission for my child to use wading pools at VACA Childcare.

_____ 14. I authorize VACA Childcare staff to administer over-the-counter medication (that I have provided) as needed per label instructions.

_____ 15. I authorize VACA Childcare staff to administer prescription medication per Health Care Provider instructions.

_____ 16. I have read and understand the Meal program and the MN Infant or Child Meal Pattern document.

_____ 17. I have received a copy of VACA's Emergency Preparedness Plan. I understand it is my responsibility to read it.

Verndale Area Christian Academy and Childcare will not be responsible for anything that may happen because of false information given as part of the enrollment process.

Parent Signature: _____ Date: _____

TYPICAL SCHEDULING

Please mark what your typical schedule would be each week. If you have a flex schedule where the day off changes just mark that in the last box and be sure to fill out the schedules for billing purposes.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	FLEX DAYS
In:	In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:	Out:

Check the meals your child normally receives while in care on weekdays:

Breakfast ___

AM Snack ___

Lunch ___

PM Snack ___

VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE

(For 0 months- 16 months)

Child's name: _____ Birth date: _____

FAMILY AND SOCIAL BACKGROUND:
Members of the household and their relationship to your child:

_____

_____

_____

Marital status of parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If your child is adopted, at what age: _____Does your child know they are adopted? _____

Has your child ever attended a child care center? If so, where? _____

How long? _____Was placement successful?_____

If not, why?_____

DEVELOPMENTAL BACKGROUND OF CHILD

Describe your infant/child's day:

1. Eating, including any dietary restrictions: _____
2. Sleeping, including naps and how long: _____
3. Toileting: _____
4. Communication: _____

Which indoor play activities are your child's favorite? _____

Which outdoor activities are your child's favorite?_____

Does your child have any fears? _____

How would you describe your child's personality? _____

Do you use special calming techniques if your child is upset and needs comfort?_____

FAMILY INFORMATION

What method of behavior guidance is used in your family? _____

Is any language other than English spoken in your family? _____

Does your child know any sign language? _____If yes, what signs? _____

What are your family traditions and customs? _____

_____

VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE

(For 16 months- 5 years)

Child's name: _____ Birth date: _____

FAMILY AND SOCIAL BACKGROUND:
Members of the household and their relationship to your child:

_____

_____

_____

Marital status of parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If your child is adopted, at what age: _____Does your child know they are adopted? _____

Has your child ever attended a child care center? Y/N If so, where? _____

How long? _____Was placement successful? _____

If not, why?_____

DEVELOPMENTAL BACKGROUND OF CHILD

Does your child dress self? _____Undress self? _____Feed Self? _____Right/Left-Handed? _____

Will your child take naps? _____How long? _____

Are there any dietary restrictions? _____

Which indoor play activities are your child's favorite? _____

Which outdoor play activities are your child's favorite? _____

Does your child have any fears? _____

How would you describe your child's personality? _____

Do you use special calming techniques if your child is upset and needs comfort? _____

FAMILY INFORMATION

What method of behavior guidance is used in your family? _____

Is any language other than English spoken in your family? _____

Does your child know any sign language? _____If yes, what signs? _____

What are your family traditions and customs? _____

_____

VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE

(For School-age)

Child's name: _____

FAMILY AND SOCIAL BACKGROUND:

Members of the household and their relationship to your child:

_____

_____

_____

Marital status of parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If your child is adopted, at what age: _____ Does your child know they are adopted? _____

Has your child ever attended a child care center? Y/N If so, where? _____

How long? _____ Was placement successful? _____

If not, why? _____

DEVELOPMENTAL BACKGROUND OF CHILD

Does your child have allergies? If yes, what? _____

Are there any dietary restrictions? _____

Which indoor play activities are your child's favorite? _____

Which outdoor play activities are your child's favorite? _____

Does your child have any fears? _____

How would you describe your child's personality? _____

Do you use special calming techniques if your child is upset and needs comfort? _____

FAMILY INFORMATION

What method of behavior guidance is used in your family? _____

Is any language other than English spoken in your family? _____

Does your child know any sign language? _____If yes, what signs? _____

What are your family traditions and customs? _____

_____

Parental Supervision Policy

At Verndale Area Christian Academy Childcare, we prioritize the safety and well-being of every child entrusted to our care. As part of our commitment to providing a secure environment, we have established the following parental supervision policy for check-out and departure:

1. Check-Out Procedure:

- Parents or authorized guardians must personally check out their child from the childcare facility.
- Upon arrival for pick-up, parents are required to sign the child out on the designated computer, documenting the time of departure.
- Staff members will verify the identity of the person picking up the child, ensuring that only authorized individuals are permitted for pick-up.

2. Parental Responsibility:

- After checking out their child, parents are responsible for supervising them until they are safely seated in the vehicle.
- Parents need to accompany their child as they leave the childcare premises and proceed to the vehicle.
- Children must always be under the direct supervision of a parent or authorized guardian during the arrival and departure process.

3. Safety Measure:

- Parents are encouraged to hold hands with younger children and maintain close proximity to ensure their safety while walking to the vehicle.
- Vehicles should be parked in designated areas, and parents should ensure that children are securely buckled into appropriate car seats or seat belts before departing.

4. Communication:

- Parents are encouraged to communicate any special instructions or concerns regarding their child's departure with childcare staff.
- Staff members will provide assistance and support as needed to ensure a smooth and safe departure process for all children.

5. Continuous Oversight:

- Childcare staff will monitor the check-out and departure process to ensure compliance with the parental supervision policy and to address any safety concerns promptly.

By adhering to this parental supervision policy, we aim to promote a safe and supportive environment where every child feels valued, cared for, and protected.

Verndale Area Christian Academy Defamation & Slander Policy

At Verndale Area Christian Academy, we commit to fostering an environment rooted in Christian values of respect, integrity, and community culture. By enrolling their child, parents and guardians agree to uphold these principles in all their interactions related to the Academy, including verbal and written communications and social media engagements.

Policy on Defamatory Communication:

1. Scope of Policy:

This policy applies to all verbal and written communications that pertain to the Academy, its staff, parents, and operations, including public posts on online platforms.

2. Prohibition of Defamation:

Defamation, including slander (spoken) and libel (written), involves making false statements that harm someone's reputation through direct naming or inference. Such actions are strictly prohibited. You will be asked to remove the post as soon as possible. We encourage you to communicate with truthfulness and love, reflecting Biblical values of wholesome speech.

3. Consequences of Violations:

If refusing to remove defaming or slanderous posts, engaging in defamation will result in 24-hour notice of disenrollment of the offending party's child or children. Repeated occurrence after warning and removal will also result in disenrollment. This measure is crucial for preserving a positive and spiritually enriching environment for all our children.

4. Procedure for Addressing Concerns:

We urge parents and guardians to bring any concerns directly to the Academy management. Our commitment to Christian values emphasizes open, honest, and compassionate dialogue aimed at reconciliation and mutual understanding.

5. Re-enrollment:

In line with our beliefs in forgiveness and restoration, disenrollment for defamation does not preclude future re-enrollment. Potential re-enrollment will require the removal of defamatory content, then the posting of a public apology on the same platform. Each case will be assessed for signs of sincere repentance and a recommitment to our community's values.

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name_____ Birthdate_____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months			12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B								
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)								
Haemophilus influenzae type b (Hib)								
Pneumococcal (PCV)								
Polio								
Measles, Mumps, Rubella (MMR)								
Chickenpox (varicella)								
Hepatitis A								
Tetanus, Diphtheria, Pertussis (Tdap)								
Meningococcal (MCV4)								

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
   - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
   - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
2. Sign or get the signatures needed for the back of this form.
   - Document medical and/or non-medical exemptions in section 1.
   - Verify history of chickenpox (varicella) disease in section 2.
   - Provide consent to share immunization information (optional) in section 3.

DEPARTMENT OF HEALTH
Immunization Program (2019)
www.health.state.mn.us/immunize

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine Diphtheria, Tetanus, and	Medical Exemption	Non-Medical Exemption
Pertussis		
Polio		
Measles, Mumps, Rubella		
Haemophilus influenzae type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____

(of health care practitioner*)

B. Non-m edical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who

are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____

(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

by _____

(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____

(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____

(of parent/guardian)

Return within 30 days of Enrollment!

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

_____

What is the status of the child's. . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center
_____			
_____			

Other information helpful to the child care program _____

_____

_____

Phone _____

Signature of Health Source _____Address _____

Date _____ _____

WADING POOLS

Wading pools have been identified as potential sources of disease transmission and as safety hazards.

- Recommendations from the *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (Third Edition, Standard 6.3.5.3: Portable Wading Pools) states that portable wading pools should not be permitted in childcare settings.
- Minnesota childcare licensing rules, for both childcare centers and family childcare homes, require that outdoor play areas be free of water hazards and potential sources of fecal contamination that could lead to transmission of enteric pathogens such as *Cryptosporidium* or *Escherichia coli* (*E. coli)* O157:H7.
- Minnesota Department of Human Services Division of Licensing DHS Rule 3 for Child Care Centers does not allow wading pools for any age group.

According to reports from the Minnesota Department of Health (MDH), each year several outbreaks of *E. coli* O157:H7 infections are identified in Minnesota in both childcare homes and centers. These outbreaks often cause disruption of parents' schedules and loss of income for the childcare provider because infected children need to be excluded from childcare until they are no longer carrying the bacteria, which can take as long as one to two months. Several other disease-causing agents, including *Giardia*, *Cryptosporidium*, and *Shigella*, are also efficiently transmitted in wading pools. All of these agents can cause severe illness in children and are common in Minnesota.

Unlike swimming pools that are treated to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Thus, many enteric pathogens (germs from the stool) can be easily spread by contaminated wading pool water that children may accidentally swallow while playing in the pool. Spread of these infections can occur even under the care of the most diligent and thoughtful childcare providers, since these infections can be spread even when the child only has mild symptoms. For these reasons, wading pools are not appropriate for childcare settings with infants and toddlers who are still in diapers.

In addition, children who are ill with vomiting or diarrhea should not play in any wading pool, pool, or spa. A child known to be infected with enteric pathogens such as *Cryptosporidium* or *E. coli* O157:H7 should not use any pools (see disease-specific fact sheets in Section 6). For some diseases, children should be kept out of pools for a specified time period even after the diarrhea has stopped.

In addition, the U.S. Consumer Product Safety Commission warns that young children can drown in small amounts of water, as little as two inches deep. Submersion incidents involving children usually happen in familiar surroundings and can happen quickly (even in the time it takes to answer the phone). In a comprehensive study of drowning and submersion incidents involving children under five years old, 77% of the victims had been missing from sight for five minutes or less. The Commission notes that toddlers, in particular, often do something unexpected because their capabilities change daily. Child drowning is a silent death, since there is no splashing to alert anyone that the child is in trouble.

Alternatives to wading pools include sprinklers, hoses, or small individual water buckets. All provide water play opportunities that are not potential hazards for drowning or disease transmission.

DISCHARGE POLICY

MUTUAL DECISION BETWEEN PARENT AND CENTER:
A mutual decision may be reached between the parent and the center whereby both parties agree that placement of the child is inappropriate, and the child would better excel from another placement. Written notice of two weeks must be given, or parents will be responsible for payment of fees for those two weeks. If the parent has paid more fees than those two weeks, a refund will be given.

PARENT INITIATED VOLUNTARY DISCHARGE:
Circumstances may arise when parents voluntarily choose to withdraw their child from the center. A two-week written notice must be given to the director stating the child's last date of attendance at the center. Parents are responsible for payment of fees for those two weeks. If the parent has paid fees more than those two weeks, a refund will be given.

CENTER INITIATED-INVOLUNTARY DISCHARGE (TERMINATION):
Every possible action will be taken to resolve an issue and create a correction plan prior to a center-initiated discharge. Though considered a last resort, Verndale Area Christian Academy reserves the right to terminate any enrollment. Under the guidance of the board, the director may discharge a child for the following reasons:

A. Failure to pay fees. If payment of fees is delinquent for two weeks or more, a child may be discharged.
B. Failure to observe or cooperate with the policies of the center. The policies of Verndale Area Christian Academy have been established to provide quality care for the children. Any parent or child who fails to follow the policies may put the children in jeopardy. Center policies will be available upon request to review.
C. Inappropriate or abusive verbal/physical behavior toward staff or children at the center. Immediate discharge may be arranged by the director for inappropriate physical or verbal behavior on the part of a parent or a child. This includes open and consistent defiance or disrespect for God and His word.
D. Need for special services. If Verndale Area Christian Academy cannot meet the needs of a child, parents will be assisted in contacting other agencies within the community that can best serve their child.

SUPPLIES

INFANTS: (6 weeks to 16 months)

- Prepared bottles of breast milk or formula (labeled with child's name)
- Water bottle
- Pacifiers, if using
- Disposable diapers
- Diaper ointment (if using)
- Extra formula, if used (for emergency use only)
- Cereal or baby food (labeled with child's name)
- Three sets of seasonal and size appropriate clothing

TODDLERS (14 months to 32 months)**:**

- Disposable diapers or training pants
- Diaper wipes and ointment (when used)
- Two sets of seasonally and size appropriate clothing
- Light blanket and/or other comfort object for naptime
- Small backpack to carry items back and forth daily
- Sweatshirt or sweater

PRESCHOOLERS (29 months-5 years)**:**

- One set of seasonal and size appropriate clothing
- Sweatshirt or sweater
- Light blanket and/or other comfort object for naptime
- Small backpack to carry items back and forth daily

ALL CHILDREN:

- 3 boxes of Kleenex
- 3 containers of Clorox Wipes

(These will help keep germs down)

THINGS NOT TO BRING:

Please do not send gum or candy to the center with your child.

As a rule, it is recommended that children do not bring toys from home unless it is used as a comforting agent, such as a teddy bear, at naptime.

Preschoolers may bring one item from home for "Show and Tell" day. We prefer that you help your child select an appropriate item (avoid anything promoting violence) and try to label it in some manner with your child's name.

Thank you for your support in keeping your children happy and safe.

All Other Programs NDS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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:

1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

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Page updated: April 17, 2025

Child and Adult Care Food Program

Infant Meal Pattern

DEPARTMENT OF EDUCATION

Meal	Birth through 5 months	6 through 11 months
Breakfast, Lunch, Supper	4-6 fluid oz breastmilk**1** or iron-fortifed infant formula	6-8 fluid oz breastmilk**1** or iron-fortifed infant formula AND**2** • 0-4 tbsp iron-fortifed infant cereal, meat, fish, poultry, whole egg, cooked dry beans, cooked dry peas OR • 0-2 oz cheese OR • 0-1/2 cup cottage cheese OR • 0-4 oz (volume) or 0-1/2 cup yogurt**3** OR • A combination of the above AND**2** • 0-2 tbsp vegetable or fruit or a combination of both**4**
Snack	4-6 fluid oz breastmilk**1** or iron-fortifed infant formula	2-4 fluid oz breastmilk**1** or iron-fortifed infant formula AND**2** • 0-1/2 oz eq bread**5** OR • 0-2 crackers**5** OR • 0-4 tbsp iron-fortifed infant cereal[5] OR • 0-4 tbsp ready-to-eat breakfast cereal[5,6] AND**2** • 0-2 tbsp vegetable or fruit or a combination of both**4**

[1]Breastfeeding on site is creditable as part of a reimbursable meal or snack.
[2]Foods from the following components are required when developmentally ready.
[3]Yogurt must contain no more than 23 grams of sugar per 6 ounces.
4Juice is not creditable for infants.
5A serving of grains must be whole grain-rich, enriched meal, or enriched flour.
6Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

Effective 10/1/2019

Child and Adult Care Food Program

Child Meal Pattern

DEPARTMENT OF EDUCATION

Breakfast Serve all three components for a reimbursable meal.	Minimum Portion Size Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
Milk[3]	4 fluid oz	6 fluid oz	8 fluid oz
Vegetables, fruits or portions of both[4]	1/4 cup	1/2 cup	1/2 cup
Grains[5,6]			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup
• Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[7]:			
• *Flakes or rounds*	1/2 cup	1/2 cup	1 cup
• *Puffed cereal*	3/4 cup	3/4 cup	1 1/4 cup
• *Granola*	1/8 cup	1/8 cup	1/4 cup

Lunch and Supper Serve all five components for a reimbursable meal.	Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
Milk[3] Meat/meat alternate	4 fluid oz	6 fluid oz	8 fluid oz
• Lean meat, poultry or fish	1 oz	1 1/2 oz	2 oz
• Tofu, soy product or alternate protein product	1/4 cup	3/8 cup	1/2 cup
• Cheese	1 oz	1 1/2 oz	2 oz
• Cottage cheese	2 oz or 1/4 cup	3 oz or 3/8 cup	4 oz or 1/2 cup
• Large egg	1/2	3/4	1
• Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
• Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
• Yogurt, regular or soy, plain or flavored, sweetened or unsweetened[8]	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup
• Peanuts, soy nuts, tree nuts or seeds9	1/2 oz = 50%	3/4 oz = 50%	1 oz = 50%
Vegetables or 100% vegetable juice4	1/8 cup	1/4 cup	1/2 cup
Fruits or 100% fruit juice4,10	1/8 cup	1/4cup	1/4cup
Grains5			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup

Snack Serve two of the five components for a reimbursable snack.[11]	Minimum Portion Size Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
Milk[3] Meat/meat alternate	4 fluid oz	4 fluid oz	8 fluid oz
• Lean meat, poultry or fish	1/2 oz	1/2 oz	1 oz
• Tofu, soy product or alternate protein product	1/8 cup	1/8 cup	1/4 cup
• Cheese	1/2 oz	1/2 oz	1 oz
• Cottage cheese	1 oz or 1/8 cup	1 oz or 1/8 cup	2 oz or 1/4 cup
• Large egg	1/2	1/2	1/2
• Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
• Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
• Yogurt, regular or soy, plain or flavored, sweetened or unsweetened[8]	2 oz or 1/4 cup	2 oz or 1/4 cup	4 oz or 1/2 cup
• Peanuts, soy nuts, tree nuts or seeds	1/2 oz	1/2 oz	1 oz
Vegetables or 100% vegetable juice4	1/2 cup	1/2 cup	3/4 cup
Fruits or 100% fruit juice4	1/2 cup	1/2 cup	3/4 cup
Grains5			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup
• Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[7]:			
• *Flakes or rounds*	1/2 cup	1/2 cup	1 cup
• *Puffed cereal*	3/4 cup	3/4 cup	1 1/4 cup
• *Granola*	1/8 cup	1/8 cup	1/4 cup

Notes

[1]Offer versus serve is an option for at-risk afterschool meal program participants only. Offer versus serve is not available at snack. [2]Participants 13 to 18 years of age may only be served by at-risk afterschool meal programs and emergency shelters. [3]Must be unflavored whole milk for 1-year-olds, unflavored low-fat (1%) or unflavored fat-free (skim) milk for children 2- through 5- years-old, or unflavored low-fat (1%) or flavored low-fat (1%), unflavored fat-free (skim) or flavored fat-free (skim) milk for children 6-years-old and older. Breastmilk is an allowable substitute for milk f or children of any age. [4]Juice may only be served at one meal or snack per day. [5]At least one serving per day across all meals and/or snacks must be whole grain-rich. Use the Grain Crediting Chart for CACFP for
portion sizes of more grain choices.
[6]Meat and meat alternates may be used to meet the entire grains component at breakfast a maximum of three times per week. One ounce of meat/meat alternate is equal to one ounce equivalent of grains.
[7]Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.
[8]Yogurt must contain no more than 23 grams of sugar per 6 ounces.
[9]One ounce of nuts/seeds provides one ounce meat/meat alternate. Nuts and seeds may meet only one half of the total meat/meat alternate serving and must be combined with another meat/meat alternate at lunch or supper.
[10]A second different vegetable may be served to meet the entire fruit component.
[11]Only one of the two food components for snack may be a beverage.

Effective 10/1/2019