

**CHILD AND ADULT CARE FOOD PROGRAM – CACFP ANNUAL ENROLLMENT FORM**

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE CENTERS, PRE-K PROGRAMS, AND LICENSED OUTSIDE SCHOOL HOURS PROGRAMS**

(This document does not have to be completed for children in At-Risk After-School Hour Programs, license-exempt Outside School Hours Programs, or emergency shelters.)

It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. Review completed enrollment form and enter effective date in lower right section.

**Parents:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care.

**Please complete areas 1 through 6 below. Be sure to sign and date the document.**

<b>1</b> FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	<b>2</b> DAYS OF WEEK IN ATTENDANCE	<b>3</b> TIMES CHILD NORMALLY ATTENDS DURING WEEK						<b>4</b> MEALS RECEIVED		
		TIME IN			TIME OUT				TIMES CHILD ATTENDS SCHOOL	
		AM	PM	TIME	AM	PM	TIME		LEAVES CENTER	RETURNS TO CENTER
<b>First Child</b>  Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours.						<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
<b>Second Child</b>  Name _____ Birth Date _____ Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
<b>Third Child</b>  Name _____ Birth Date _____ Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
<b>Fourth Child</b>  Name _____ Birth Date _____ Age _____	<input type="checkbox"/> <b>Same Days as Above</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <b>Same Times as Child Above</b>						<input type="checkbox"/> <b>Same Meals as Above</b> <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		

*This information is voluntary; please answer both questions.*

**5 ETHNIC/RACIAL CATEGORIES—**

**A. Ethnic data of child(ren)— Mark only one.**       Hispanic or Latino       Not Hispanic or Latino

**B. Racial data of child(ren)— Mark one or more that apply.**

Asian       Black or African American       Native Hawaiian or Other Pacific Islander  
 White       American Indian or Alaska Native

**6 SIGNATURE**

I certify the information above is correct.

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

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

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of This Enrollment Form \_\_\_\_\_

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.