

**Child and Adult Care Food Program
Child Enrollment Form**

Sponsor/Center Name: Parent Infant Center
Agreement #: 300-51-073-5

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in the lower right hand 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 and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD Including Birth Date/Age	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK							MEALS RECEIVED	
		TIME IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER		RETURNS TO CENTER
FIRST CHILD	<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"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		___ yes ___ no I work multiple shifts and child(ren) may be in care different days/hours.								
BIRTH DATE		Other:								
AGE		Enrollment Date:			Withdrawal Date:					
SECOND CHILD	<input type="checkbox"/> Same as above <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"/> Same as above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		___ yes ___ no I work multiple shifts and child(ren) may be in care different days/hours.								
BIRTH DATE		Other:								
AGE		Enrollment Date:			Withdrawal Date:					

Signature: _____
Signature of Parent/Guardian _____ *Date* _____ *Telephone Number of Parent/Guardian* _____

CHILD CARE REPRESENTATIVE USE ONLY: _____ <i>Name and Signature of Representative</i> _____ <i>Date</i> _____
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.

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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

Email: program.intake@usda.gov

