

Child and Adult Care Food Program CHILD ENROLLMENT FORM

CACFP Sponsor Name/Site Name: **The Parent Infant Center**

TO BE COMPLETED BY PARENT/GUARDIAN

The CACFP provides partial reimbursement to PIC for children whose families meet income eligibility guidelines and to whom we serve nutritious, well-balanced meals and snacks each day. **In order to qualify for this reimbursement, we must require all families to complete this form.**

Please complete the chart below and select the options you choose for your child(ren). Provide information for all children enrolled at PIC. NOTE THE FOLLOWING:

- All children are offered morning and afternoon snacks every day that they are at PIC. Please circle AM and PM snack for each child.
- If signing up for hot lunch, you MUST select lunch for every day your child is enrolled.
- If you are NOT ENROLLING, you still need to complete the chart and circle snacks. Do not circle lunch.

| Child(ren)'s Names | Normal Hours in Care | | Snacks & Meals and Days in Care |
|---|----------------------|----------------------|--|
| | Usual ARRIVAL time | Usual DEPARTURE time | |
| Last Name: First Name: Date of Birth: | am/pm | am/pm | <p style="text-align: center;">Normal Meals provided by PIC</p> <p style="text-align: center;">AM Snack Lunch PM Snack</p> <p style="text-align: center;">Normal Days of the Week in Attendance</p> <p style="text-align: center;">Mon Tue Wed Thu Fri</p> |
| Last Name: First Name: Date of Birth: | am/pm | am/pm | <p style="text-align: center;">Normal Meals provided by PIC</p> <p style="text-align: center;">AM Snack Lunch PM Snack</p> <p style="text-align: center;">Normal Days of the Week in Attendance</p> <p style="text-align: center;">Mon Tue Wed Thu Fri</p> |
| Last Name: First Name: Date of Birth: | am/pm | am/pm | <p style="text-align: center;">Normal Meals provided by PIC</p> <p style="text-align: center;">AM Snack Lunch PM Snack</p> <p style="text-align: center;">Normal Days of the Week in Attendance</p> <p style="text-align: center;">Mon Tue Wed Thu Fri</p> |

_____ We **OPT IN** to the LUNCH program and DO NOT QUALIFY for any fee reduction.
Fee: \$97 per month (5 days), \$77 per month (4 days) and \$58 month (3 days)

_____ We **OPT IN** to the LUNCH program at PIC and QUALIFY for a fee reduction or no charge
Reduced fee: \$18.25 per month (5 days), \$14.50 per month (4 days) and \$11 per month (3 days)

_____ We **OPT OUT** of the LUNCH program at PIC.

Parent/Guardian Print Name: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Sign, date, and return to Enrollment Coordinator Grace Piaña whose office is located in the Sweet Building on the ground floor. You may also place this form in a tuition drop box.

| | | |
|--|--|-------|
| Updates: (annual at a minimum) | The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. If there are many changes, please complete a new form. | |
| First Update | Parent/Guardian Signature: | Date: |
| Second Update | Parent/Guardian Signature: | Date: |

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