

**Child and Adult Care Food Program
CHILD AND/OR ADULT ENROLLMENT FORM**

Dear Parent/Guardian:

Your child / adult's day care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children/adults in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child / adult because it provides nutritious meals and snacks.

Sponsoring Organization Name _____

Sponsoring Organization Phone # _____

Child Care Provider/Business Name _____

Sponsoring Organization CACFP Representative Name _____

Annual Renewals:

Check One:
 _____ I certify that the changes noted, initialed and dated below are true and accurate.
 _____ I certify that the information recorded below remains true and accurate.

Parent/Guardian Signature: _____ Date: _____

Directions: Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.

Full Name of Child / Adult in Family Enrolled in CACFP	Date of Birth	Age	Time Child/ Adult Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child/ Adult Leaves for Home	Days in Care							Attendance during Vacation/ No-School Days (Circle One)	Meals Eaten at Child Care							
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	L	PM Sn	Su	BT Sn		
														<input type="checkbox"/> Y <input type="checkbox"/> N								
														<input type="checkbox"/> Y <input type="checkbox"/> N								
														<input type="checkbox"/> Y <input type="checkbox"/> N								
														<input type="checkbox"/> Y <input type="checkbox"/> N								
														<input type="checkbox"/> Y <input type="checkbox"/> N								
														<input type="checkbox"/> Y <input type="checkbox"/> N								

Please Print

Parent/Guardian/Client Name: _____

Mailing Address _____

Home Phone # _____

Parent/Guardian Workplaces:

Mother Phone # _____ Father Phone # _____

To the best of my knowledge all of the above information is correct.

Parent/Guardian Signature _____

Date _____

For CACFP Representative Use Only

Sponsor Signature _____

Effective Date of Form: _____

Check One

() New enrollment () Annual Renewal

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. This institution is an equal opportunity provider.