

Child and Adult Care Food Program CHILD ENROLLMENT FORM

Institution _____ Phone _____
CACFP Representative Name _____
Child Care Provider Name (if FDCH) _____

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: _____

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: _____

Dear Parent:

Your child(ren)'s day care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses care giver's for nutritious meals served to child in attendance.

In order for your care giver to receive this assistance, please complete this form as accurately as possible. This program is beneficial to you and your child(ren) because it provides nutritious meals and snacks that help offset food costs.

Directions:

Please ensure that this document represents the most current profile of your child's enrollment status. Update and certify this document annually.

Full Name of Child(ren) in Family Enrolled in CACFP	Date of Birth	Age	Foster Child	Time Child Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child Leaves for Home	Days in Care							Meals Eaten at Day Care									
								M	T	W	Th	F	Sa	Su	Bk	AM Sn	L	PM Sn	Su	BT Sn				

<p style="text-align: center;">Please Print</p> <p>Parent/Guardian Names _____</p> <p>Mailing Address _____</p> <p>Home Phone _____</p>	<p style="text-align: center;">Parent/Guardian Workplaces</p> <p>Mother Phone # _____</p> <p>Father Phone # _____</p>	<p style="text-align: center;">To the best of my knowledge all of the above information is correct.</p> <p>Parent/Guardian Signature _____</p> <p>Date _____</p>	<p style="text-align: center;">For CACFP Representative Use Only</p> <p>Effective Date of Form: _____</p> <p>Sponsor Signature: _____</p> <p style="text-align: center;">Check One () New Enrollment () Annual Renewal</p>
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Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.