

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor: _____
Center: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

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 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 (Include Birth Date/Age) | DAYS OF WEEK IN ATTENDANCE | TIMES CHILD NORMALLY ATTENDS DURING WEEK | | | | | | TIME CHILD ATTENDS SCHOOL | | MEALS RECEIVED |
|---|---|--|----|------|----------|----|------|---------------------------|-------------------|---|
| | | TIME-IN | | | TIME OUT | | | LEAVES CENTER | RETURNS TO CENTER | |
| | | AM | PM | TIME | AM | PM | TIME | | | |
| 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"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: | | | | | | | | <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 |
| NAME | | Enrollment Date: _____ | | | | | | Withdrawal Date: _____ | | |
| BIRTH DATE | | | | | | | | | | |
| AGE | | | | | | | | | | |
| 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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: | | | | | | | | <input type="checkbox"/> Same Meals as Above <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 |
| NAME | | Enrollment Date: _____ | | | | | | Withdrawal Date: _____ | | |
| BIRTH DATE | | | | | | | | | | |
| AGE | | | | | | | | | | |
| THIRD 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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: | | | | | | | | <input type="checkbox"/> Same Meals as Above <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 |
| NAME | | Enrollment Date: _____ | | | | | | Withdrawal Date: _____ | | |
| BIRTH DATE | | | | | | | | | | |
| AGE | | | | | | | | | | |
| FOURTH 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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: | | | | | | | | <input type="checkbox"/> Same Meals as Above <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 |
| NAME | | Enrollment Date: _____ | | | | | | Withdrawal Date: _____ | | |
| BIRTH DATE | | | | | | | | | | |
| AGE | | | | | | | | | | |
| FIFTH 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 Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: | | | | | | | | <input type="checkbox"/> Same Meals as Above <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 |
| NAME | | Enrollment Date: _____ | | | | | | Withdrawal Date: _____ | | |
| BIRTH DATE | | | | | | | | | | |
| AGE | | | | | | | | | | |

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature _____

Date _____

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.

This portion of the form can be used to capture multi-year annual updates.

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

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**(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;**

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.