

# Child & Adult Care Food Program Enrollment Form

This center or program participates in the Child & Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the center for meals and/or snacks served to children in care through the United States Department of Agriculture, Child Nutrition Programs. We are required to collect this enrollment information and the parent's signature annually. Please complete the form below and return it to us. Please complete a separate form for each child.

<b>Center Name</b>							
<b>Child's Name</b>							
<b>Child's Date of Birth</b>							
<b>Normal Days in Care</b> <small>(please check ✓)</small>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sa	<input type="checkbox"/> Su
<b>Normal Hours/Days in Care</b>  <small>(If hours vary by day, please be specific)</small>	<b>Monday</b>						
	<b>Tuesday</b>						
	<b>Wednesday</b>						
	<b>Thursday</b>						
	<b>Friday</b>						
	<b>Saturday</b>						
	<b>Sunday</b>						
<b>Meals/Snacks Received while in care</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> AM Snack	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Evening Snack	
<b>Special Diet Needs:</b>	This child has a food allergy or special diet need. <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please indicate:						
<b>Racial/Ethnic Data</b>	Hispanic or Latino		Not Hispanic or Latino				
	Black or African American	Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native	Asian	White		
<b>Parent's Signature:</b>			Date:	Printed Name:			
<b>Mailing Address</b>	Street Address/PO Box						
	Town, State, Zip Code						
<b>Telephone Number</b>							