

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.

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