

## 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> (please check <input checked="" 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				
<b>Normal Hours/Days in Care</b>  (If hours vary by day, please be specific)	<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>Ethnic Data</b>	Hispanic or Latino		Not Hispanic or Latino		
<b>Racial Data</b>	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>					