

**Parents:** This institution participates in the Child & Adult Care Food Program (CACFP) and receives reimbursement to provide 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 to ensure all children receive appropriate meals during their care.

<b>FULL NAME OF ENROLLED CHILD # 1</b>	<b>Days of Attendance</b>	<b>Times child normally attends during week</b>						<b>MEALS RECEIVED</b>	
LAST,	<input type="checkbox"/> MONDAY	TIME-IN			TIME-OUT			Time child attends school	
FIRST	<input type="checkbox"/> TUESDAY	TIME	AM	PM	TIME	AM	PM	Leaves Center	Returns to Center
BIRTH DATE	<input type="checkbox"/> WEDNESDAY								
AGE	<input type="checkbox"/> THURSDAY								
	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> I work varied shifts & child(ren) may be in care different days/hours							
Enrollment Date:		Withdrawal Date:							
								<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
								<input type="checkbox"/> PM Snack	

<b>FULL NAME OF ENROLLED CHILD # 2</b>	<b>Days of Attendance</b>	<b>Times child normally attends during week</b>						<b>MEALS RECEIVED</b>	
	<input type="checkbox"/> MONDAY	<input type="checkbox"/> Same Times as Above							
LAST,	<input type="checkbox"/> TUESDAY	TIME-IN			TIME-OUT			Time child attends school	
FIRST	<input type="checkbox"/> WEDNESDAY	TIME	AM	PM	TIME	AM	PM	Leaves Center	Returns to Center
BIRTH DATE	<input type="checkbox"/> THURSDAY								
AGE	<input type="checkbox"/> FRIDAY								
Enrollment Date:		Withdrawal Date:							
								<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
								<input type="checkbox"/> PM Snack	

<b>FULL NAME OF ENROLLED CHILD # 3</b>	<b>Days of Attendance</b>	<b>Times child normally attends during week</b>						<b>MEALS RECEIVED</b>	
	<input type="checkbox"/> MONDAY	<input type="checkbox"/> Same Times as Above							
LAST,	<input type="checkbox"/> TUESDAY	TIME-IN			TIME-OUT			Time child attends school	
FIRST	<input type="checkbox"/> WEDNESDAY	TIME	AM	PM	TIME	AM	PM	Leaves Center	Returns to Center
BIRTH DATE	<input type="checkbox"/> THURSDAY								
AGE	<input type="checkbox"/> FRIDAY								
Enrollment Date:		Withdrawal Date:							
								<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
								<input type="checkbox"/> PM Snack	

Parent/Guardian:	Address:	
Signature:	Date:	
Phone: (Home)	(Work)	(Cell)
Center Location:	Date:	Center Administrator Signature:

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish)

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