

Treasure House
Child and Adult Care Food Program
Child Enrollment Form

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.

FULL NAME OF ENROLLED CHILD # 1	Days of Attendance	Times child normally attends during week							MEALS RECEIVED	
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	

FULL NAME OF ENROLLED CHILD # 2	Days of Attendance	Times child normally attends during week							MEALS RECEIVED	
	<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	

FULL NAME OF ENROLLED CHILD # 3	Days of Attendance	Times child normally attends during week							MEALS RECEIVED	
	<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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This institution is an equal opportunity provider.