

CHILD AND ADULT CARE FOOD PROGRAM

ENROLLMENT FORM

(to be filled out by parent or guardian only)

Child's Name _____ Birth Date ____-____-____

Does child live in provider's home? Y__ N__ CACFP Revision or

Sex: M__ F__ Is child related to provider? Y__ N__ Enrollment Date ____-____-____

Race: Black:____ White:____ Hispanic:____ Am. Indian:____ Asian:____ Other:____

Food allergies requiring a food substitution? Yes____ No____ (Explain and include a Dr's note suggesting food substitution): _____

Day Care Provider's Name: _____

Name of Parent/Guardian: _____

Address (number & street): _____

City _____ State _____ Zip _____

Home phone number: _____ Work phone number: _____

Signature of parent/guardian: _____

To Parent or Guardian: These meals are provided at no extra charge and without any discrimination for reasons of race, color, national origin, age, sex, or handicap. Any person who believes that he or she has been discriminated against should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Child's schedule of hours in care, including school times--circle AM or PM each day:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
OUT	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
IN	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
OUT	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

Times pre-K or school children in care if NOT in school (ex. 6am-5pm): _____

Expected meals while child is in care (keeping in mind provider's meal times):
 Breakfast____ AM Snack____ Lunch____ PM Snack____ Supper____ EV Snack____

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**Discharge/Expiration Date:** \_\_\_\_\_

Provider: Remember to **notify us immediately of any changes to this form--names, addresses, phone numbers, hours/days in care, meals served, etc.--including discharge from care, and to keep a copy of this form with each child's records. All enrollment forms expire on August 31st each year, regardless of when they were received.**