

# Child & Adult Care Food Program CACFP ENROLLMENT FORM

Provider Name: \_\_\_\_\_

**Note to Parents/Guardians:** Your child(ren) is enrolled for care at a family day care home that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the provider is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the provider is required to have parents complete enrollment information annually for each child enrolled for care.

**Check one of the blanks below. If this is the initial enrollment, enter the first day of care (effective date).**

\_\_\_\_\_ Initial enrollment for this family and effective date: \_\_\_\_\_ **OR** \_\_\_\_\_ Annual update of enrollment information for this family

**Enter the child(ren)'s information:**

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care					
		Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn

**Ethnicity:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
(select one)

**Race:** \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American  
(select one or more)  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_\_\_ White

Does the child(ren)'s schedule vary? \_\_\_\_\_ Generally Not \_\_\_\_\_ Frequently  
Does the child(ren) regularly attend another program (preschool, school, etc.)? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
If yes, list days and times not in care at this home: \_\_\_\_\_

\_\_\_\_\_  
Printed Parent/Guardian First and Last Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home City, State, Zip

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone

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