

Child and Adult Care Food Program CHILD ENROLLMENT FORM

Child Care Centers/Head Start Programs

CACFP Sponsor Name/Site Name

TO BE COMPLETED BY PARENT/GUARDIAN ONLY

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care. Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

Children's Names	Normal Hours in Care		Normal Meals and Normal Days in Care
	Enter the <u>time</u> your child usually <i>arrives</i> each day.	Enter the <u>time</u> your child usually <i>leaves</i> each day.	
Last:			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Parent/Guardian Print Name: _____ Date _____

Parent/Guardian Signature: _____

INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age

I will provide my child with _____ (list brand) iron fortified infant formula.

I will provide my child with breast milk

Updates: (annual at a minimum)	The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. <i>If there are many changes, please complete a new form.</i>	
First Update	Parent/Guardian Signature	Date
Second Update	Parent/Guardian Signature	Date
Third Update	Parent/Guardian Signature	Date
Fourth Update	Parent/Guardian Signature	Date