

**CHILD CARE FOOD PROGRAM
ENROLLMENT FORM**
(to be completed by parent or guardian)

You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

Name of Provider/Director

Name of Day Care Facility

Telephone

Address

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

I wish to enroll my child(ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

Child(ren) Information (please print)

Name	Date of Birth	Hrs of Care	Indicate Normal Days of Care / Meals* that the Child Normally Receives while in Care each Day: *B = Breakfast A = AM Snack L = Lunch P = PM Snack S = Supper E = Evening Snack						
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E

Note here any food allergies or special needs your child(ren) have: _____

Doctor's Name _____ Doctor's Telephone: _____

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

In case of emergency, please call: HOME # _____ WORK # _____

Parent Address: _____

Parent Signature: _____ Date: _____

(form valid one (1) year from this date)