



CACFP Enrollment Form

Use a separate form for each enrolled child. In the spaces below, list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age, report the hours in care both before and after school. CACFP regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. This form can be used for three years for the same child.

Institution Name: _____ **Initial Enrollment Year:** _____

Child's Name	Child's Date of Birth	Child's Age
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HOURS AND MEALS WHILE IN CARE										
Days Normally in Care (Check ✓)	Hours Normally in Care				Meals Normally Received While in Care (Check ✓)					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Snack
☐ Monday										
☐ Tuesday										
☐ Wednesday										
☐ Thursday										
☐ Friday										
☐ Saturday										
☐ Sunday										
Additional Information										
Signature of Parent/Guardian									Date Signed (MM/DD/YY)	

Please review the information above annually. Write in any changes to your child's days and hours normally in care and the meals normally received. If there are no changes, please put NA or none. Initial and date all changes.

ANNUAL UPDATE 1	Year
Changes to the above schedule:	
Signature of Parent/Guardian	Date Signed (MM/DD/YY)
ANNUAL UPDATE 2	Year
Changes to the above schedule:	
Signature of Parent/Guardian	Date Signed (MM/DD/YY)



COLORADO
Department of Public
Health & Environment

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