



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS

CENTER'S INFORMATION

NAME OF CHILD CARE CENTER		PHONE NUMBER
CENTER CONTACT PERSON'S NAME	CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

CHILD'S INFORMATION

CHILD'S FULL NAME		DATE OF BIRTH
PARENT OR GUARDIAN NAME	STREET ADDRESS	
CITY	STATE	ZIP CODE DAYTIME PHONE NUMBER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

ARE YOU OF HISPANIC OR LATINO ORIGIN?
☐ Yes ☐ No

WHAT IS YOUR RACE? (SELECT ONE OR MORE)
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE:		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION:
MON		AM PM	AM PM	
TUES		AM PM	AM PM	
WED		AM PM	AM PM	
THURS		AM PM	AM PM	
FRI		AM PM	AM PM	
SAT		AM PM	AM PM	
SUN		AM PM	AM PM	

CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER

☐ FULL DAY CARE	☐ BEFORE SCHOOL CARE	☐ EVENING CARE
☐ HALF DAY - MORNING	☐ AFTER SCHOOL CARE	☐ OVERNIGHT CARE
☐ HALF DAY - AFTERNOON	☐ BEFORE AND AFTER SCHOOL CARE	

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER

☐ BREAKFAST	☐ LUNCH	☐ SUPPER
☐ MORNING SNACK	☐ AFTERNOON SNACK	☐ EVENING SNACK

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER

☐ NEW YEARS DAY	☐ TRUMAN DAY	☐ COLUMBUS DAY
☐ MARTIN LUTHER KING'S BIRTHDAY	☐ MEMORIAL DAY	☐ VETERAN'S DAY
☐ LINCOLN'S BIRTHDAY	☐ JUNETEENTH	☐ THANKSGIVING DAY
☐ WASHINGTON'S BIRTHDAY	☐ INDEPENDENCE DAY	☐ CHRISTMAS DAY
☐ EASTER	☐ LABOR DAY	

SIGNATURE OF PARENT OR GUARDIAN	DATE
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NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.