

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 ☐ ☐ ☐ ☐ ☐ ☐ ☐
First	Time _____	Time _____	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun ☐ ☐ ☐ ☐ ☐ ☐ ☐
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack ☐ ☐ ☐ ☐ ☐ ☐ ☐
First	Time _____	Time _____	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun ☐ ☐ ☐ ☐ ☐ ☐ ☐
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack ☐ ☐ ☐ ☐ ☐ ☐ ☐
First	Time _____	Time _____	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun ☐ ☐ ☐ ☐ ☐ ☐ ☐
Last			Normal Meals While In Care Breakfast AM Snack Lunch PM Snack Supper Eve Snack ☐ ☐ ☐ ☐ ☐ ☐ ☐
First	Time _____	Time _____	Normal Days of the Week in Attendance Mon Tue Wed Thu Fri Sat Sun ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

This center provides _____ (list brand) iron fortified infant formula.

- Check one: ☐ I accept the center provided formula
☐ I decline the center provided formula

I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child.
 If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

<u>Updates:</u> (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. <u>If there are many changes, please complete a new form.</u>	
First Update	Parent/Guardian Signature _____	Date _____
Second Update	Parent/Guardian Signature _____	Date _____
Third Update	Parent/Guardian Signature _____	Date _____
Fourth Update	Parent/Guardian Signature _____	Date _____

This institution is an equal opportunity provider.