Child and Adult Care Food Program (CACFP)
Participant Enrollment Form

Institution Name: ______________________________________ Agreement Number: ___________
Facility/Provider Name: ________________________________

Dear Parent/Guardian,
Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

<table>
<thead>
<tr>
<th>Participant's First Name</th>
<th>Participant's Last Name</th>
<th>Date of Birth</th>
<th>Normal/Typical Hours of Care</th>
<th>Normal/Typical Days of Care (Circle all that apply)</th>
<th>Meals Normally Eaten (Circle all that apply)</th>
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Guide:
Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.
Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH=Thursday; F=Friday; Sat=Saturday; Sun=Sunday)
Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility. (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: ____________________________ Date: ____________
Print Name: _____________________________________________
Address: _________________________________________________
City: __________________________________ State: ___ Zip Code: ________
Home Telephone Number: (   ) _____________________________
Work Telephone Number: (   ) _____________________________

For Facility/Provider Use Only:
Signature of Facility Representative/Provider: __________________________ Date: __________
Date the participant withdrew: __________________________

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete _____ Reason: __________________________ Verified by: ______________ Date: ____________

DHHS CAC-Enrollment (2/11)