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

Institution Name: ________________________________ Agreement Number: __________

Center Name: ________________________________

Dear Parent/Guardian,
This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>Child’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>
</tr>
</thead>
<tbody>
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<td>M  T  W  Th  F  Sat  Sun</td>
<td>B  AM  L  PM  S  LPM</td>
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<td>B  AM  L  PM  S  LPM</td>
</tr>
</tbody>
</table>

Normal/Typical Hours of Care: Please write in each child’s usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Please circle the days of the week each child is 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 each child 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 each child withdrew: ____________________________________________

For State Use Only: Complete: ______ Incomplete: ______ Reason: ________________________ Verified by: __________________ Date: _______________

This institution is an equal opportunity provider.

CAC-Enrollment Child (07/18)