**CACFP Enrollment Form** (sample #1)

Please complete and/or update and sign this form and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no later than \_\_\_\_\_\_\_\_\_\_\_\_.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)’s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note**: The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child’s race and ethnicity will be made.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | Sex: | M | F | Date of Birth: |  / / | Foster Child? |  | Y |  | N |
|  First Middle Last (circle) |
| Hours normally in care: |  | to |  | Circle days of week normally in care: | M | T | W | T | F | S | S | Holidays |
| Circle meals normally eaten in care: | Breakfast | AM Snack | Lunch | PM Snack | Supper | Eve Snack |
| Date Enrolled: |  | Date Terminated: |  |  |
| **Select One or More:** | **Ethnicity:** |  | Hispanic or Latino |  | Not Hispanic or Latino |
|  |  |  |  |  |
| **Race:** |  | American Indian / Alaskan Native |  | Asian  |  | White |
|  |  | Native Hawaiian / Pacific Islander |  | Black or African American |
|  |
|  |
| Child’s Name: |  | Sex: | M | F | Date of Birth: |  / / | Foster Child? |  | Y |  | N |
|  First Middle Last (circle) |
| 🞏 | Remainder of the information is the same as above (or list child’s name): |  |
| Hours normally in care: |  | to |  | Circle days of week normally in care: | M | T | W | T | F | S | S | Holidays |
| Circle meals normally eaten in care: | Breakfast | AM Snack | Lunch | PM Snack | Supper | Eve Snack |
| Date Enrolled: |  | Date Terminated: |  |  |
| **Select One or More:** | **Ethnicity:** |  | Hispanic or Latino |  | Not Hispanic or Latino |
|  |  |  |  |  |
| **Race:** |  | American Indian / Alaskan Native |  | Asian  |  | White |
|  |  | Native Hawaiian / Pacific Islander |  | Black or African American |
|  |

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Updates** (to be completed on an annual basis after initial enrollment)**:**

**1st Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“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 Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

**Office use Only:** Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Update Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dismissal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CACFP Enrollment Form** (sample #2)

Please complete and/or update and sign this form and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no later than \_\_\_\_\_\_\_\_\_\_\_\_.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)’s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note**: The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child’s race and ethnicity will be made.

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Select one or more) |  | (Please circle all that apply) |
| **Full Name(s) of Enrolled Child(ren)** | **\* Race/****Ethnicity** | **Date of Birth** | **Normal Hours In Care** | **Normal Days of Care** | **Meals Normally Eaten While at the Facility \*\*** |
|  |  |  |  |  | to |  |  | M | T | W | T | F | S | S | B | AM | L | PM | Su | Ev |
|  |  |  |  |  | to |  |  | M | T | W | T | F | S | S | B | AM | L | PM | Su | Ev |
|  |  |  |  |  | to |  |  | M | T | W | T | F | S | S | B | AM | L | PM | Su | Ev |
|  |  |  |  |  | to |  |  | M | T | W | T | F | S | S | B | AM | L | PM | Su | Ev |
|  |  |  |  |  | to |  |  | M | T | W | T | F | S | S | B | AM | L | PM | Su | Ev |
|  |  |  |

\* **Race:** Hispanic or Latino **Ethnicity:** American Indian or Alaskan Native / Asian / Black or African American / Native Hawaiian or other Pacific Islander / White

\*\* B = Breakfast AM = AM Snack L = Lunch PM = PM Snack Su = Supper Ev = Evening Snack

List any holidays that may require care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special needs or instructions (i.e. allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Emergency Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Updates** (to be completed on an annual basis after initial enrollment)**:**

**1st Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Annual Update**

I have reviewed the enrollment information for my child(ren) and (check one): 🞏 found it to be accurate at the present time

🞏 made changes as needed

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office use Only:** Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Update Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dismissal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_