



Child Enrollment Form—Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) which ensures healthy meals are served to your children. To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: _____ CPID #: _____

Child’s First Name	Child’s Last Name	Date Of Birth	Beginning Date of Child Care

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

Check the meals your child normally receives while in care:

Weekdays	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack
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If there are other children in care, please complete additional forms as needed.

Parent’s Signature: _____ Date Signed (form completed annually): _____

Parent’s Name (please print): _____

Home Phone: _____

Mailing Address: _____

City: _____ State: MN Zip: _____

Child enrollment information needs updates annually. If the above information is the same, initial and date below.

Initial:							
Date:							