



## 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:**

<b>Weekdays</b>	<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:							