

# 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: _____		
<b>Select One or More: Ethnicity:</b> ____ Hispanic or Latino ____ Not Hispanic or Latino					
<b>Race:</b> ____ 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)		
<input type="checkbox"/> 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: _____		
<b>Select One or More: Ethnicity:</b> ____ Hispanic or Latino ____ Not Hispanic or Latino					
<b>Race:</b> ____ 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):**

**1<sup>st</sup> 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: \_\_\_\_\_

**2<sup>nd</sup> 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: \_\_\_\_\_

**3<sup>rd</sup> 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.”

<b>Office use Only:</b> Enrollment Date: _____	Update Date: _____	Dismissal Date: _____
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