

To: Authorized Representatives of Child Nutrition Programs
Child and Adult Care Food Program

From: Child and Adult Nutrition Services

Date: June 20, 2018

Subject: CACFP Enrollment Forms

Memo Number: CACFP 202-1
CACFP DCH 202-1

This memo replaces the previous memo on this topic dated March 29, 2005, memo number(s) CACFP-83, CACFPDCH-73. The purpose of this memo is to provide guidance with enrollment forms in the Child and Adult Care Food Program.

This information should be shared with the person(s) responsible for processing enrollment forms and the person(s) responsible for supervising those personnel. Questions about this memo can be referred to a SD Dept. of Education Child and Adult Nutrition Services staff member.

The Interim Rule, implementing legislative reforms to strengthen Program integrity published in the Federal Register on September 1, 2004, requires each institution to establish procedures for collecting and maintaining documentation of the enrollment of each participant at child care centers (except outside school hours centers) and adult day care centers. For child care centers, such documentation must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care. Current enrollment forms containing this information must be collected for all enrolled children (except outside school hours centers) not later than April 1, 2005. For the purposes of this requirement, an enrolled child is any child whose meals are claimed for reimbursement.

Since most agencies are not currently collecting this type of information on their center's enrollment forms two prototype forms have been developed for the collection of this information and the updating of this information on an annual basis. These prototype forms are included with this mailing. The use of either of these forms is optional as long as the form used by the institution is in compliance with the information now required on the forms and as long as they are updated not less than annually. These forms are also available on the Child and Adult Nutrition Services website. Compliance with this requirement by April 1, 2005 will be assessed during the normal review process beginning with the CACFP reviews conducted in the 2005-2006 Program year.

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)				
<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: _____					
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: _____
