

Child and Adult Care Food Program

Sponsor/Center Name: ABC Early Learning Center

Child Enrollment Form (Sample)

Agreement #: 000-00-000-0

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL			
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input checked="" type="checkbox"/> WEDNESDAY <input checked="" type="checkbox"/> THURSDAY <input checked="" type="checkbox"/> FRIDAY <input checked="" type="checkbox"/> SATURDAY <input checked="" type="checkbox"/> SUNDAY	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:	X		7:00		X	4:30			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME <u>Sierra Robinson</u> BIRTH DATE <u>10/10/2014</u> AGE <u>4 years old</u>	Enrollment Date: <u>10/23/2018</u> Withdrawal Date:										
SECOND CHILD	<input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input checked="" type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME <u>Ellayna Robinson</u> BIRTH DATE <u>8/26/2016</u> AGE <u>2 years old</u>	Enrollment Date: <u>10/23/2018</u> Withdrawal Date:										
THIRD CHILD	<input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input checked="" type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME <u>Joey Robinson</u> BIRTH DATE <u>11/23/2017</u> AGE <u>11 months old</u>	Enrollment Date: <u>10/23/2018</u> Withdrawal Date:										

Signature

James Robinson

Signature of Parent or Guardian

717-743-2389

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:	_____	_____
	Name of Representative/Signature	Date
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.		

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