

Name of Site _____

CACFP ENROLLMENT FORM

1. Participant Information: (To be completed by Parent/Guardian)

Participant's Last Name	Participant's First Name	Date of Birth	Normal/Typical Hours of Care		Normal/Typical Days of Care (Circle all that apply)							Meals Normally Eaten (Circle all that apply)					
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN
			To		M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility

(M=Monday; T=Tuesday; W=Wednesday; Th=Thursday; F=Friday; Sa=Saturday; Su=Sunday)

Meals Normally Eaten-Please circle the meals the participants usually eat at the facility.

(B=Breakfast; AM=AM Supplement; L=Lunch; PM=PM Supplement; S=Supper; LN=Late Night Supplement)

2. Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If **Yes**, please list foods supplied:

3. Signature and Parent/Guardian Information:

Parent/Guardian Signature _____

Date (Parents date form) _____

Print Name: _____

Home Telephone Number: _____

Work Telephone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

For Sponsor Use Only.

Signature of Determining Official: _____

Date: _____

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*7 CFR 226.15 (e)(2)

Date the participant withdrew: _____