



Regeneration of Life Food Program
Nourishing Communities. One Meal at a Time

ENROLLMENT FORM
Child and Adult Care Food
Program

Center: _____ Site: _____

This form is required for Child Care Centers, and Licensed Outside School Hours Programs. This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: 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 or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. Section 6, complete if child is an infant. Section 7, Signatures required. The center will review completed enrollment form.

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3			TIMES CHILD NORMALLY ATTENDS DURING WEEK			4	MEALS RECEIVED
First Child Name Birth Date Age		<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	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		<input type="checkbox"/> Early Morning Snack <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
			AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	
			Yes No I work multiple shifts and child(ren) may be in care different days/hours								

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Mark only one. Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander

B. Racial data of child(ren) — Mark one or more that apply. Asian Black or African American American Indian or Alaska Native White

--- This childcare provider offers the following infant formula(s) _____
 Infant's Name _____ Infant's Date of Birth _____

Birth through 5 months

A. Please mark your preference

(Choose only one – if baby is getting any formula, choose 2 or 3)

- 1. Serve only expressed breast milk to my infant.
- 2. I want the childcare provider to provide the infant formula it offers for my infant.
- 3. I will bring the infant formula for my infant.
- Please list the kind of infant formula you will bring: bring: _____

6-11 months

B. Please mark your preference

(Choose only one – if baby is getting any formula, choose 2 or 3)

- 1. Serve only expressed breast milk to my infant.
- 2. I want the childcare provider to provide the infant formula it offers for my infant.
- 3. I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: _____

C. Please mark your preference

(Choose only one – update each month until baby is ready for solid foods)

- 1. My child is developmentally ready for solid foods. I want the childcare provider to provide the infant cereal and other foods for my infant.
- 2. My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.
- 3. My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.

7 SIGNATURES (Required)

I certify the information _____ above is correct.
 Digital or Original Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

I certify the information _____ above is correct.
 Digital or Original Signature of Owner/Director Date Telephone Number of Site

I certify the information _____ above is correct.
 Digital or Original Signature of CACFP Sponsor Date Telephone Number of Sponsor

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____ Date of Withdrawal: _____
 The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.