Maryland State Department of Education Office of School and Community Nutrition Programs CHILD AND ADULT CARE FOOD PROGRAM (CACFP) **ENROLLMENT FORM**

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, age, birth date, the days and hours normally in care and the meals received while in care.

 CACEP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or quardian.

• CACEP rederal regulations require that an enfoliment form be completed annually and signed by the child's parent of guardian.					
Name of Child Care Center/Home					
1. Child's Name				Child's Date of Birth (MM/DD/YYYY)	
		Check (✓) the days your child		Check (✓) the meals that your child	
		normally attends:		will receive while in care:	
Times Child Normally in Care	Hours from:	☐ Monday	☐ Thursday	□ Drookfoot	□ AM Coools
(For example 7:30 AM – 5 PM)	nouis iioiii.	☐ Tuesday	☐ Friday	☐ Breakfast	☐ AM Snack
	to	☐ Wednesday	•	Lunch	☐ PM Snack
		L Wednesday	☐ Saturday ☐ Sunday	☐ Supper	☐ Evening
			ш Sunday		Snack
2. Child's Name				Child's Date of Birth (MM/DD/YYYY)	
Zi Offilia o Paulio				Offina o Bate of E	
		Check (✓) the days your child normally attends:		Check (✓) the meals that your child will receive while in care:	
Times Child Normally in Care (For example 7:30 AM – 5 PM)					
	Hours from:	☐ Monday	☐ Thursday	☐ Breakfast	☐ AM Snack
	to	☐ Tuesday	☐ Friday	☐ Lunch	☐ PM Snack
		☐ Wednesday	[,] □ Saturday	☐ Supper	□ Evening
			□ Sunday		Snack
3. Child's Name				Child's Date of Birth (MM/DD/YYYY)	
	Check (✓) the days your chi			Check (✓) the meals that your child will receive while in care:	
		normally attends:			
Times Child Normally in Care (For example 7:30 AM – 5 PM)	Hours from:	☐ Monday	☐ Thursday	☐ Breakfast	☐ AM Snack
	to	☐ Tuesday	☐ Friday	☐ Lunch	☐ PM Snack
		☐ Wednesday	[,] □ Saturday	☐ Supper	□ Evening
			☐ Sunday		Snack
Parent/Guardian Signature Date Signed					

Phone:

Parent/Guardian's Name: