

* Required

ILLINOIS STATE BOARD OF EDUCATION Annual Enrollment Form Child and Adult Care Food Program

Required *

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, 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. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. 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 | <input type="checkbox"/> Same Days as Above <input type="checkbox"/> Same Times as Child Above <input type="checkbox"/> Same Meals as Above | <table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <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 |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second 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 | <input type="checkbox"/> Same Days as Above <input type="checkbox"/> Same Times as Child Above <input type="checkbox"/> Same Meals as Above | <table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <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 |
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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

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

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

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

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.

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