

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

Name of Child Care Center/Home

1. Child's Name	Child's Date of Birth (MM/DD/YYYY)								
<p><b>Times Child Normally in Care</b> (For example 7:30 AM – 5 PM)</p> <p style="text-align: right;"><b>Hours from:</b> _____ to _____</p>	<p><b>Check (✓) the days your child normally attends:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Thursday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Friday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Saturday</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sunday</td> </tr> </table>	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday
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Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_