

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

CHILD'S INFORMATION								
1. Child's Name:				Date of Birth:				
2. Normal Days in Attendance:		<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Head Start Facilities Only: Indicate Session					A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	All Day <input type="checkbox"/>	
4. Special Dietary Needs (Attach signed medical statement):						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Normal Hours of Attendance:		a.m./p.m. to			a.m./p.m.			
6. Normal Meals Eaten:		Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
7. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White					8. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			

PARENT'S INFORMATION		
Name of Parent/Guardian:		
Address:	City:	Zip:
Home Telephone Number:		

CURRENT SIGNATURE & RENEWAL UPDATES

If there are no changes to the above information, sign and date. If there are changes, a new enrollment form must be completed, signed, and dated.

Parent/Guardian Signature	Date