

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

CHILDREN'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. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.			
4. 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"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
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PARENT'S INFORMATION							
Name of Parent/Guardian:							
Address:				City:			Zip:
Home Telephone Number:							
Signature:				Date:			