

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) HEAD START 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. Signature of Parent/Guardian:					Date:			

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

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