Child and Adult Care Food Program
Child Enrollment Form

Enrollment Date:

Child _____
Address _____
_____
Birth date _____

Parent/Guardian _____
Address _____
_____
Telephone (home)_____(work)_____

Sponsoring Organization _____
Address _____
_____

Center/Home _____
Address _____
_____

Normal Hours of Care (write in times)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:

* If more than 8 hours of care per day, please attach an explanation to this form.

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Is this child of school age? ___Yes ___No If yes, will additional meals be provided when school is not in session? ___Yes ___No If yes, please specify the meal: ___Breakfast ___Lunch ___Snack ___Supper

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

_____Day _____Evening _____Time

_____Letter _____Telephone (home) _____Telephone (work)

Signature _____ **Date** _____
Parent/Guardian

Signature _____ **Date** _____
Center Administrator/Home Provider

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For Sponsor Use Only

Child withdrew on _____