



## CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

**Instructions for completion:**

- All parents/guardians are to complete this form for each child enrolled at the childcare center participating in CACFP.
- List the child's name, birth date, the days, and hours normally in care and the meals received while in care.
- CACFP Federal regulations require an enrollment form be completed annually and signed by the child's parent or guardian.

RV CARES

School Age Connection

Summer Camp

Child's Name	Date of Birth
<p><b>Times Child Normally in Care</b> (For example: 7:30 to 5:00)</p> <p><b>Hours from:</b> _____ to _____</p>	<p><b>Check (✓) the days your child normally attends:</b></p> <p><input type="checkbox"/> Monday    <input type="checkbox"/> Thursday  <input type="checkbox"/> Tuesday    <input type="checkbox"/> Friday  <input type="checkbox"/> Wednesday</p>
<p><b>Check (✓) the meals your child will receive while in care:</b></p> <p><input type="checkbox"/> Breakfast  <input type="checkbox"/> Lunch  <input type="checkbox"/> PM Snack</p>	

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This institution is an equal opportunity provider