

Child and Adult Care Food Program (CACFP) - Nebraska Department of Education Annual Child Enrollment Form

Annual enrollment in the Child and Adult Care Food Program is required by federal regulation for all children who receive program meals. Complete the following information for each child enrolled at the center. Attach additional pages if necessary. Provide your signature and contact information at the bottom of this form. The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

PLEASE PRINT LEGIBLY

Check if Head Start Eligible

Indicate the expected attendance patterns of each child enrolled:

Child 1: Last Name	First Name	Date of Birth	Date Enrolled
Days in Care	Usual Hours in Care	Usual Meals to be Received While in Care	
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
<input type="checkbox"/> Tuesday	to		
<input type="checkbox"/> Wednesday	to		
<input type="checkbox"/> Thursday	to		
<input type="checkbox"/> Friday	to		
<input type="checkbox"/> Saturday	to		
<input type="checkbox"/> Sunday	to		
<input type="checkbox"/> Non-school days/holidays	to		

Child 2: Last Name	First Name	Date of Birth	Date Enrolled
Days in Care	Usual Hours in Care	Usual Meals to be Received While in Care	
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
<input type="checkbox"/> Tuesday	to		
<input type="checkbox"/> Wednesday	to		
<input type="checkbox"/> Thursday	to		
<input type="checkbox"/> Friday	to		
<input type="checkbox"/> Saturday	to		
<input type="checkbox"/> Sunday	to		
<input type="checkbox"/> Non-school days/holidays	to		

Child 3: Last Name	First Name	Date of Birth	Date Enrolled
Days in Care	Usual Hours in Care	Usual Meals to be Received While in Care	
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
<input type="checkbox"/> Tuesday	to		
<input type="checkbox"/> Wednesday	to		
<input type="checkbox"/> Thursday	to		
<input type="checkbox"/> Friday	to		
<input type="checkbox"/> Saturday	to		
<input type="checkbox"/> Sunday	to		
<input type="checkbox"/> Non-school days/holidays	to		

Date signed:

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Month Day Year

This CACFP enrollment form is valid for one year from the date the parent or guardian signs the form.

Annual Update - parent may sign & date if the above information is still current.

Signature of Parent or Legal Guardian

Printed Name

Street Address

City, State, Zip

Telephone (include area code)
