

CACFP 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. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) *The first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

INFANT FORMULA SELECTION: Complete this section if any child listed is an infant under one year of age.	
This center provides _____ (brand) iron fortified infant formula to all infants under one year of age.	
<input type="checkbox"/> I Accept the formula <input type="checkbox"/> I Decline the formula <input type="checkbox"/> I Accept the CACFP meal pattern (4 - 11 months)	If declined formula, check one: <input type="checkbox"/> Parent will provide breast milk <input type="checkbox"/> Parent will provide formula (list brand): _____

Complete a separate section for each child in the household. Attach additional pages if necessary.

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care		Usual Hours in Care	
<input type="checkbox"/> Monday	to	Usual Meals Received While in Care <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	Optional: Ethnic Identity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Racial Identity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<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		
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		
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<input type="checkbox"/> Saturday	to		
<input type="checkbox"/> Sunday	to		
<input type="checkbox"/> Non-school days/holidays	to		
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Annual Update

*Parent may update an enrollment if **all the** information is correct by signing and dating below.*

Signature of Parent or Legal Guardian

Printed Name

Street Address

City, State, Zip
() -

Telephone

Date signed : ____/____/____
 Month Day Year

Parent Signature _____ Date _____

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NS-105-C

Revised: April 2015

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<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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