CACFP-5

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT FORM

1. Child's Name: _____ Date of Birth: _____

2. Normal Days in Attendance:

SUN	MON	TUE	WED	THU	FRI	SAT

3. Head Start Facilities Only: Indicate session and sign and date form.

☐ A.M. ☐ P.M. ☐ All Day

4. Normal Hours of Attendance: _____ (a.m./p.m.) to: _____ (a.m./p.m.)

5. Normal Meals Eaten:

☐ Breakfast ☐ Lunch ☐ Supper

☐ A.M. Snack ☐ P.M. Snack ☐ Late P.M. Snack

6. Signature of Parent/Guardian: _____ Date: _____

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**