

# CACFP ENROLLMENT FORM

## Requirements:

- a. CACFP child care centers and Head Start centers must have a completed CACFP Enrollment Form on file for each enrolled child. Siblings must have a separate form as attendance may be different.
- b. The CACFP Enrollment Form is valid for 12 months following the month of parent/guardian dated the form. For example: Parent dated the form on 7/13/2015; form would expire on 7/31/2016). CACFP Enrollment forms must be completed annually by parent/guardian.
- c. The following CACFP program types DO NOT need CACFP Enrollment forms:
  - Outside-School Hours Centers
  - Youth Development Programs
  - After School At Risk Programs
  - Emergency Shelters

## Enrollment Form Reminders

- List one child per form
- All parts of form to be completed by parent/guardian including normal days, hours and meals
- If parent/guardian work schedule varies frequently thus the child's attendance pattern will also change frequently then parent should check the box at the bottom of the chart. Parent/guardian is not required to complete another form but may elect to do so.
- For ease of collection, it is highly recommended that agencies/centers distribute enrollment forms to parents/guardians at the same time as the Income Eligibility Application so that it is more likely that the forms would expire on the same date.
- If sponsor decides to develop own CACFP enrollment form, form contain all required information and be approved by State Agency prior to use.

## ATTACHMENTS

- State Agency Prototype CACFP Enrollment Form
- Example of completed CACFP Enrollment form

Ohio Department of Education - Office for Child Nutrition  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**ENROLLMENT FORM**

**Required Form for use by Child Care Centers and Head Start Programs**

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

**Instructions for Completion**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

**CENTER NAME** **JUMP CITY CHILD CARE CENTER**

**CHILD'S NAME**  
(please print)

**AGE**

**BIRTHDATE** / /

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE  
 AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<b>Monday</b>										
<b>Tuesday</b>										
<b>Wednesday</b>										
<b>Thursday</b>										
<b>Friday</b>										
<b>Saturday</b>										
<b>Sunday</b>										

**Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule**

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**DAY PHONE NUMBER**

**MAILING ADDRESS:  
STREET /APT.**

**CITY**

**ZIP CODE**

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

(rev. 12/3/2015)

Ohio Department of Education - Office for Child Nutrition  
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**CENTER NAME** *Sunshine Child Care*

**CHILD'S NAME** (please print) *ANNIE JONES*      **AGE** *5*      **BIRTHDATE** *9 / 4 / 2009*  
month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE  
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓		✓		
Tuesday	✓	7:00 am			6:00 pm	✓		✓		
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓		✓		
Thursday	✓	7:00 am			6:00 pm	✓		✓		
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓		✓		
Saturday										
Sunday										

Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

**SIGNATURE OF PARENT/GUARDIAN** *Mary Jones*      **DATE** *7/13/2015*      **DAY PHONE NUMBER** *(614) 222-3344*

**MAILING ADDRESS:**  
**STREET /APT.** *123 Park St.*      **CITY** *Columbus*      **ZIP CODE** *43215*

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