Child and Adult Care Food Program (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 7/13/2024; form would expire on 7/31/2025). 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 also will 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 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.

<u>ATTACHMENTS</u>

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

Ohio Department of Education and Workforce - Office of 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 to Complete

CENTER NAME

- 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 incare.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box belowchart.
- 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.

CHILD'S NAME	2				AGE	BIRTH		/		/
(please print)							m	onth /	day /	year
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	Cn				ECEIVED WHIL			AKL		
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Days Child						AM		PM		Evening
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Care		•		_						
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Yes, the sche	dule listed a	bove may fr	equently va	arv due t	to changes in nar	ents/guar	dians sche	dule.		
					to changes in par	circs/guar	uiuiis seire	- aurei		
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CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

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- 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.

parent or ga	414111							
CENTER NAME	Sunshine Child Care							
CHILD'S NAME		AGE	BIRTHDATE	7	/	4	/ 202	20
(please print)	ANNIE JONES	4		month	/	day	/	year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE											
Check (✓) List hours child normally in care Check (✓) meals child normally receives while in care										in care	
Days Chil Normally 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	V 15	$\neg \Box$		1		
Tuesday	✓	7:00 am			6:00 pm		$\int \int $	17-	7 /		
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		1			
Thursday	✓	7:00 am			6:00 pm				1		
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	7)[]]			✓		
Saturday											
Sunday											
Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.											

SIGNATURE OF **DAY PHONE** 7/13/2024 Mary Tones **NUMBER** (614) 222-3344 PARENT/GUARDIAN **MAILING ADDRESS:** Columbus STREET /APT. 123 Park St. **CITY** ZIP CODE 43215 PARENT BIRTHDATE 18 / 1992 PARENT EMAIL mjones27@email.com month / day / year

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ USDAOASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202)690-7448; or (3) email:program.intake@usda.gov.

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