NUTRITION PLUS
CACFP ENROLLMENT FORM
(August 2020-July 2021)

New _____

Revised _____

Provider's Name: _____

Note to Parents/Guardians: Your child(ren) is enrolled for care at a child care center that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the center is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the center is required to have parents complete enrollment information annually for each child enrolled for care. This form will be placed in our files and treated as confidential information.

		Times of Care		Regular Days of Care							Meals Served During Care						Ethnic/Race*	
Last Name, First Name	Date of Birth	Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	AM Sn	Lu	PM Sn	Dn	Ev Sn	Ethnicity	Race

*ETHNICITY (Select one and enter in chart above): H=Hispanic or Latino or N=Not Hispanic or Latino
*RACE (Select one or more and enter in chart above): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or Other Pacific Islander

Name and Address:

_____
Print Name

_____
Address

_____
City State Zip Code

_____
Daytime Telephone

Signature:

_____ _____
Signature of Parent or Guardian Today's Date

Add'l info:

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