HEAD START CACFP Enrollment Form

Please complete and/or update and sign this form and return it to _____ no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursements for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** Indication of race is optional and will not affect eligibility for the Program. This information is used for reporting purposes only.

(Please circle all that apply)

Full Name(s) of Enrolled Child(ren)	*Race	Date of Birth	Normal Hours in Care	Normal Days of Care	Meals Normally Eaten While at the Facility**
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev

***White/Hispanic or Latimo/Asian/American Indian/Alaskan Native/Native Hawaiian or other Pacific Islander/Black or African American/Other**

****B=Breakfast AM=AM Snack L=Lunch PM=PM Snack SU=Supper Ev-Evening Snack**

Does class fall on any holidays? List them _____ _____

_____ _____

_____ _____

Special needs or instructions (i.e. allergies): _____

Parent/Guardian's **PRINT** Name: _____ Phone Number: _____

Parent/Guardian's **SIGNATURE:** _____

Home Address: _____ City: _____ State: _____ Zip: _____