

**Maryland State Department of Education
Office of School and Community Nutrition Programs
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT FORM**

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, birth date, the days and hours normally in care and the meals received while in care.
- CACFP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

Name of Child Care Center/Home

1. Child's Name		Child's Date of Birth (MM/DD/YYYY)	
<p>Times Child Normally in Care (For example 7:30 AM – 5 PM)</p> <p style="text-align: center;">Hours from: _____ to _____</p>	<p>Check (✓) the days your child normally attends:</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Check (✓) the meals that your child will receive while in care:</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack</p>	

2. Child's Name		Child's Date of Birth (MM/DD/YYYY)	
<p>Times Child Normally in Care (For example 7:30 AM – 5 PM)</p> <p style="text-align: center;">Hours from: _____ to _____</p>	<p>Check (✓) the days your child normally attends:</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Check (✓) the meals that your child will receive while in care:</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack</p>	

3. Child's Name		Child's Date of Birth (MM/DD/YYYY)	
<p>Times Child Normally in Care (For example 7:30 AM – 5 PM)</p> <p style="text-align: center;">Hours from: _____ to _____</p>	<p>Check (✓) the days your child normally attends:</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Check (✓) the meals that your child will receive while in care:</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack</p>	

Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian's Name: _____ Phone: _____