

Child Enrollment Form Center Child and Adult Care Food Program

Sponsoring Organization St. James Lutheran Church Child Care Center Center/Home
 Address 109 York St. Gettysburg, PA 17325 Telephone: 717-334-7171

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care. **Please complete all areas to include signing and dating same.**

Parent/Guardian: _____ Address: _____
 Email: _____ Telephone: _____

First Child					
Name:	DAYS IN ATTENDANCE	Times Child Normally Attends Child Care		ATTENDS SCHOOL	MEALS SERVED
		TIME IN	TIME OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOB:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				<input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> PM SNACK
AGE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I work multiple shifts and child(ren) may be in care different days/hours		If yes, time in/out to school	

Enrollment Date: _____ Withdraw Date: _____

Second Child					
Name:	DAYS IN ATTENDANCE	Times Child Normally Attends Child Care		ATTENDS SCHOOL	MEALS SERVED
		TIME IN	TIME OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOB:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				<input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> PM SNACK
AGE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I work multiple shifts and child(ren) may be in care different days/hours		If yes, time in/out to school	

Enrollment Date: _____ Withdraw Date: _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

CHILD CARE REPRESENTATIVE USE ONLY:	_____ <i>Name of Representative/Signature</i>	_____ <i>Date</i>
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.		

This portion of the form can be used to capture multi-year annual updates.

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ **Date** _____

Signature Center Administrator/Home Provider _____ **Date** _____

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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.**

This institution is an equal opportunity provider.