CACFP Enrollment

Child Name:		**Child Date of Birth:**	/ /
Parent/Guardian Name:		**Child Age:**	
Address:		**Town:**	**Zip:**
Phone (home):		**Phone (cell/work):**	
Center/Provider Name:		**Hours in care:**	

Racial/Ethnic Identity

To assure the USDA that everyone benefits on a fair basis, please check the following:

Race:				Ethnicity:	
☐	Asian	☐	Black or African American	☐	Hispanic or Latino
☐	American Indian or Alaskan Native	☐	Native Hawaiian or Other Pacific Islander	☐	Not Hispanic or Latino
☐	White				

Days of the week in care:

☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ Sun

Meals Received While in Care:

☐	☐	☐	☐	☐	☐
Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack

_____ _____/_____/_____

Parent/Guardian Signature Date

_____ _____/_____/_____

Institution Representative Signature Date

This institution is an equal opportunity provider.

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