Child and Adult Care Food Program (CACFP)
Participant Enrollment Form

Agreement Number: 7598

Institution Name: _____

Facility Provider Name _____

Dear Parent/Guardian,
Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours Of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
		____ To ____	M T W TH F Sat Su	B AM L PM S LPM
		____ To ____	M T W TH F Sat Su	B AM L PM S LPM
		____ To ____	M T W TH F Sat Su	B AM L PM S LPM
		____ To ____	M T W TH F Sat Su	B AM L PM S LPM
		____ To ____	M T W TH F Sat Su	B AM L PM S LPM

Guide:
Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.
Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility.
(M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)
Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility.
(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack

Parent / Guardian Signature: _____ Date _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider _____ Date _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete: _____ Reason: _____ Verified by: _____ Date: _____

sgd 3/21/12