

IDOE/CACFP
December 10, 2004

Name of Institution: _____

Sponsor ID Number: _____

Name of Facility: _____

ENROLLMENT FORM

Name of Child: _____ Birthdate: _____

In the chart below, please indicate the normal days and hours your child is in care, and the meals received while in care.

	MON	TUES	WED	THUR	FRI	SAT	SUN
Please check (✓) the days your child is normally in care							
Please enter the normal hours your child is in care (e.g. 7:30 am – 5 pm)							
Please check (✓) the meals your child normally receives while in care	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled participant, and must be updated **annually**.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____