

**Child and Adult Care Food Program  
CHILD AND/OR ADULT ENROLLMENT FORM**

Dear Parent/Guardian:

Your child / adult's day care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children/adults in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child / adult because it provides nutritious meals and snacks.

Sponsoring Organization Name Inter-Lakes Family Day Care Nutrition Program

Sponsoring Organization Phone # (603)279-8903

Child Care Provider/Business Name \_\_\_\_\_

Sponsoring Organization CACFP Representative Name Lisa Garcia, RD LD

**Annual Renewals:**

Check One:  
 I certify that the changes noted, initialed and dated below are true and accurate.  
 I certify that the information recorded below remains true and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.

Full Name of Child / Adult in Family Enrolled in CACFP	Date of Birth	Age	Time Child/ Adult Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child/ Adult Leaves for Home	Days in Care							Attendance during Vacation/ No-School Days <b>(Circle One)</b>	Meals Eaten at Child Care					
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	L	PM Sn	Su	BT Sn
	/ /													Y N						
	/ /													Y N						
	/ /													Y N						
	/ /													Y N						
	/ /													Y N						
	/ /													Y N						

**Please Print**

Parent/Guardian Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

**Parent/Guardian Workplaces:**

Mother Phone # \_\_\_\_\_ Father Phone # \_\_\_\_\_

**To the best of my knowledge all of the above information is correct.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**For CACFP Representative Use Only**

Sponsor Signature \_\_\_\_\_

Effective Date of Form: \_\_\_\_\_

**Check One**

( ) New enrollment      ( ) Annual Renewal

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800)795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.