



**Virginia Child and Adult Care Food Program (CACFP)
(Child) Annual Enrollment Form (AEF)**

CENTER/PROVIDER COMPLETE THIS SECTION

Center/Provider Name

699 Brick Kiln Blvd	Newport News	VA	23602
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child (ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.**

This form is required for:	This form is NOT required for:
Child Care Centers, Family Day Care Homes	Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	4	MEALS RECEIVED
	Child's First Name	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		TIME IN	TIME OUT	SPORADIC SCHEDULE (not set schedule of days)	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
	Child's Last Name						
	Date of Birth (mm/dd/yyyy)		NOTES:				
	Age / Classroom						

5	Parent/Guardian Signature and Date: <i>By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.</i>
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Printed Name:	Signature:
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Street Address:	City, State, Zip Code:
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Phone Number HOME / WORK / CELL (circle one):	Date:
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Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
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.

6	Ethnic and Racial Identification: <i>Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races</i>
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ETHNIC IDENTIFICATION	
<input type="checkbox"/> Hispanic , Latino or Spanish Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> Not Hispanic, Latino or Spanish origin	
<input type="checkbox"/> I decline to answer.	

RACIAL IDENTIFICATION	
<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).	<input type="checkbox"/> Black, African American, or Haitian: A person having origins in any of the black racial groups of Africa .
<input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> I decline to answer.

*CACFP-020-Child Annual Enrollment Form
Revised 6/2022; Previous versions obsolete*

