

**Child and Adult Care Food Program  
Child Enrollment Form**

Sponsor/Center Name: ABC Child Care  
Agreement #: \_\_\_\_\_

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date on lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL			
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
FIRST CHILD <u>Johnny Swenson</u>	<input checked="" type="checkbox"/> MONDAY <input checked="" type="checkbox"/> TUESDAY <input checked="" type="checkbox"/> WEDNESDAY <input checked="" type="checkbox"/> THURSDAY <input checked="" type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input checked="" type="checkbox"/>		<u>8:00</u>		<input checked="" type="checkbox"/>		<u>5:15</u>			<input checked="" type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> A.M. SNACK <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours										
BIRTH DATE	Other:										
AGE	Enrollment Date:				Withdrawal Date:						
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	
		<input type="checkbox"/> Same Times as Above									
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
SECOND CHILD	<input type="checkbox"/> Same as Above <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									<input type="checkbox"/> Same Meals as Above  <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours										
BIRTH DATE	Other:										
AGE	Enrollment Date:				Withdrawal Date:						
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	
		<input type="checkbox"/> Same Times as Above									
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
THIRD CHILD	<input type="checkbox"/> Same as Above <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									<input type="checkbox"/> Same Meals as Above  <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours										
BIRTH DATE	Other:										
AGE	Enrollment Date:				Withdrawal Date:						

Signature Janice Swenson 09/06/2024 \_\_\_\_\_  
Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY: \_\_\_\_\_  
Name of Representative/Signature Date  
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

\*\*\*\*\*  
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.  
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.  
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.  
The completed AD-3027 form or letter must be submitted 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; or  
2. fax: (833) 256-1665 or (202) 690-7442; or  
3. email: program.intake@usda.gov  
This institution is an equal opportunity provider.

# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
Jonny		Swenson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

# EXAMPLE

If the parent has a TANF subsidy, or SNAP number, they write it here (it is always 9 digits long).  
That's it! The parent may now sign and date the form.

## STEP 2 Do any household members (in addition to the child) receive any of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: 861975822

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Children listed in STEP 1 here.

**B. All Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if should receive income, list the source of income to report. If they do not receive income from any source, write '0'. If you enter '0' or leave a source blank, it will be assumed that the member does not receive income from that source.

Name of Household Members (First and last)	Earnings from Work		How often?		Child Income	How often?		Welfare/Child Support/Alimony	Total Household Members (Children and Adults)
	Weekly	Bi-Weekly	Monthly	Bi-Monthly		Weekly	Bi-Weekly		
Janice Swenson	600		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		X X X X
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		X X X X
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		X X X X
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		X X X X
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		X X X X

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member: 2245

Check if no SSN

If there's no TANF or SNAP number, they may still qualify based on their income. They write down all of their household members and their incomes. Remind them to check HOW OFTEN!

## STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Print Name of Adult: Janice Swenson  
Signature of Adult: Janice Swenson  
Today's Date: 9/6/2024  
City: Phone/Email: jswenson@gmail.com  
State: Zip: Address: