Maryland State Department of Education
Office of School and Community Nutrition Programs

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT FORM

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, age, birth date, the days and hours normally in care and the meals received while in care.
- CACFP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

Name of Child Care Center/Home

1. Child's Name		**Child's Date of Birth** (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM) **Hours from:** _____ **to** _____	**Check (✓) the days your child normally attends:** ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☐ Saturday ☐ Sunday	**Check (✓) the meals that your child will receive while in care:** ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

2. Child's Name		**Child's Date of Birth** (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM) **Hours from:** _____ **to** _____	**Check (✓) the days your child normally attends:** ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☐ Saturday ☐ Sunday	**Check (✓) the meals that your child will receive while in care:** ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

3. Child's Name		**Child's Date of Birth** (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM) **Hours from:** _____ **to** _____	**Check (✓) the days your child normally attends:** ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☐ Saturday ☐ Sunday	**Check (✓) the meals that your child will receive while in care:** ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian's Name: _____ Phone: _____