

**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 |
|--------------------------------|
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| 1. Child's Name | Child's Date of Birth (MM/DD/YYYY) | | | | | | | | |
|---|--|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|--|--|---------------------------------|
| | | | | | | | | | |
| <p>Times Child Normally in Care (For example 7:30 AM – 5 PM)</p> <p style="text-align: right;">Hours from: _____ to _____</p> | <p>Check (✓) the days your child normally attends:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Thursday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Friday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Saturday</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sunday</td> </tr> </table> | <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday | | <input type="checkbox"/> Sunday |
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| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday | | | | | | | | |
| | <input type="checkbox"/> Sunday | | | | | | | | |
| <p>Check (✓) the meals that your child will receive while in care:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Breakfast</td> <td><input type="checkbox"/> AM Snack</td> </tr> <tr> <td><input type="checkbox"/> Lunch</td> <td><input type="checkbox"/> PM Snack</td> </tr> <tr> <td><input type="checkbox"/> Supper</td> <td><input type="checkbox"/> Evening Snack</td> </tr> </table> | | <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"/> Evening Snack | | |
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| 3. Child's Name | Child's Date of Birth (MM/DD/YYYY) | | | | | | | | |
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Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian's Name: _____ Phone: _____