

## **Child Enrollment Documentation Requirement Child and Adult Care Food Program – Child Care Centers**

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians. This requirement applies to all CACFP facilities except adult day care centers, emergency shelters, outside-school-hours care centers and at-risk centers.

Documentation of enrollment must include (per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8)):

- Each enrolled child's normal days and hours in care and the meal services in which each child normally participates.
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, CACFP child care centers may use either of the two attached sample enrollment forms or may revise their own child care enrollment form to include the required information. The attached "standard" enrollment form documents each child's days, hours and meals in general. The attached "alternative" version allows for more detail by documenting each child's hours and meals for each day of the week.

This document needs to be updated annually. If the normal days, hours, meal services and contact information stays the same the guardian can initial and date on the bottom of the form. If there are minor changes the guardian can make these changes and initial and date on the bottom of the form in the space provided and no additional form needs to be completed. If there are significant changes please fill out a new form as needed or at least annually.

If you have any questions about the requirement for collection of enrollment information, please contact FNS at 651-582-8526, 800-366-8922 or e-mail [mde.fns@state.mn.us](mailto:mde.fns@state.mn.us).

## Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: \_\_\_\_\_

Beginning Date of Child Care: \_\_\_\_\_

Child's First Name _____ Child's Last Name _____ Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____ PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Check the meals your child normally receives while in care: <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"/> Night Snack

Beginning Date of Child Care: \_\_\_\_\_

Child's First Name _____ Child's Last Name _____ Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____ PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Check the meals your child normally receives while in care: <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"/> Night Snack

*If there are other children in care, please complete additional forms as needed.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed (form must be completed annually)

Parent's Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) [found online](#) at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

- |  |  |
|--|--|
| <p>(1) Mail:<br/>U.S. Department of Agriculture<br/>Office of the Assistant Secretary for Civil Rights<br/>1400 Independence Avenue, SW<br/>Washington, D.C. 20250-9410;</p> | <p>(2) Fax: (202) 690-7442; or<br/>(3) Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.<br/>This institution is an equal opportunity provider.</p> |
|--|--|

**Information needs to be updated annually. If the above information is still accurate initial and date below.**

Initial:						
Date:						

## Child Enrollment Form – \*Alternate Form Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your center.

Name of the Child Care Center: \_\_\_\_\_

Beginning Date of Child Care: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care. For example, 7:30 AM–5:00 PM or split schedule 7:30 AM–9:00 AM and 12:30 PM–5:00 PM							
Check the meals your child normally receives while in care.	<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"/> Night Snack	<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"/> Night Snack	<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"/> Night Snack	<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"/> Night Snack	<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"/> Night Snack	<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"/> Night Snack	<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"/> Night Snack

*If there are other children in care, please complete additional forms as needed.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed (form must be completed annually)

Parent's Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) [found online](#) at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).
- This institution is an equal opportunity provider.

**Information needs to be updated annually. If the above information is still accurate initial and date below.**

Initial:						
Date:						