



## CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

\_\_\_\_\_  
(Name of Child)                      DOB \_\_\_\_\_                      RACE \_\_\_\_\_

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Address of Facility)

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days (circle applicable days):

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

My child will normally receive the following meals while in care (circle applicable meals/snacks):

Breakfast      AM Snack      Lunch      PM Snack      Supper      Evening Snack

Beginning on \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Signature of Parent/Guardian                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian                      \_\_\_\_\_  
Date

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