

Child Enrollment Form — Community Christian School Food Program

Dear Parents,

Community Christian School 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, we have 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.

Name of the Child Care Center: Community Christian School

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 Shack <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: _____

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(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Right
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or
(3) Email: 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:							