Ohio Department of Education - Office of Nutrition

CHILD AND ADULT CARE FOOD PROGRAM **ENROLLMENT FORM**

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

CENTER NAME

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian.

| CHILD'S NAME | | | | | BIRTHDATE / | | | , / | 1 | | |
|---|--|--|---|---|--|---|---|---|---|---|--|
| (please print) | | | | | | | me | onth / | day / | year | |
| | СН | ECK THE N | NORMAL I | DAYS AND | HOURS YO | UR CHIL | D IS IN C | ARE | | | |
| | | | | | IVED WHIL | | | | | | |
| Check (✓) Days List hours child normally in care | | | | | Check (✓) meals child normally receives while in care | | | | | | |
| Child Normally in Care | | D (| | D | D 16 4 | AM | | PM | | Evening | |
| III Care | Arrive | Depart | Arrive | Depart | Breakfast | Snack | Lunch | Snack | Supper | Snack | |
| Monday | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | |
| Thursday | | | | | | | | | | | |
| Friday | | | | | | | | | | | |
| Saturday | | | | | | | | | | | |
| Sunday | | | | | | | | | | | |
| Yes, the sched | ule listed a | bove may fr | equently va | ry due to cl | nanges in par | ents/guaro | dians sche | dule. | | | |
| | | | | | | | | | | | |
| SIGNATURE OF PARENT/GUARDIAN | | | | | DATE | DAY PHONE NUMBER | | | | | |
| MAILING ADDRESS: STREET /APT. CITY ZIP CODE | | | | | | | | | | | |
| 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, (AD-3027) found online at: 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. | | | | | | | | | | | |
| In accordance with its Agencies, offices discriminating base program or activity Persons with disabi audiotape, America who are deaf, hard Additionally, progra To file a program coat: http://www.ascithe letter all of the completed form or (1) mail: U.S. Depai Washington, D.C. 20 (2) fax: (202) 690-74 | o, and employ d on race, of conducted lities who re in Sign Lang of hearing of minformat omplaint of r.usda.gov/ information letter to US rtment of A 0250-9410; 442; or | oyees, and in color, national or funded by equire altern guage, etc.), s or have spee tion may be a discrimination complaint_fin requested in SDA by: griculture, O | estitutions p al origin, sex y USDA. native means should conta ch disabilition made availa on, complet ling_cust.ht in the form. | articipating c, disability, a s of commure act the Agen es may conta ble in langua e the USDA ml, and at a To request a | Agriculture (U. in or administrage, or reprisant ication for procy (State or loact USDA throages other that Program Discray USDA office a copy of the control of the contro | ering USDA of retalian ogram information where ugh the Fe on English. imination e, or write complaint f | A programs ation for programs or mation (extremely appled they appled a letter adform, call (| lations and s are prohi ior civil rig e.g. Braille, ied for ber y Service a Form, (AD dressed to 866) 632-9 | d policies, the bited from this activity, large print nefits. Indivite (800) 877 at (800) 800 and by USDA and 19992. Subm | in any ; iduals -8339. nd online provide in it your | |
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