

Child Enrollment Form – Standard Child & Adult Care Food Program

Dear Parents,

Your child care provider participates in the United States Department of Agriculture (USDA) Child & 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 Child & Adult Care Food Program. In order to participate, your provider has agreed to follow the USDA guidelines. In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect the enrollment information listed below. Please complete the form and return it to your provider.

Name of the Child Care Provider/Center: _____

Child's First Name	Last Name	Child's Date of Birth	Beginning Date of Child Care
Enter the normal hours your child is in care For example 7:30 AM – 5 PM or for a split schedule 7:30 – 9 AM & 12:30 – 5 PM		Check the days your child normally attends	Check the meals your child normally receives while in care
Hours from: _____ to _____ _____ to _____		<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	<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

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Parent's Signature _____ Date Signed (form must be completed annually) _____

Parent's Name: _____ Please Print Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

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

For questions please contact:

Sponsor Organization:
Name, Address, Phone...

State Contact information:
Minnesota Department of Education - Food & Nutrition
1500 Highway 36 West, Roseville, MN 55113
(651) 582 – 8526 or (800) 366 – 8922 fns@state.mn.us

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