

CACFP STUDENT ENROLLMENT

CM-1500

participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to annually review and make changes to enrollment data.

CHILD INFORMATION		SITE / SPONSOR USE ONLY	
Center Enroll Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Ethnic Identity (Check One)	Withdrawal Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Re-Enroll Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Child's First Name	<input type="text"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Child's Last Name	<input type="text"/>	Racial Identity (Check all that apply)	
Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander	
Normal Days in Care <small>Center's Days of Operation:</small>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU	Gender	
Normal Hours in Care <small>Center's Hours of Operation:</small>	<input type="text"/> <input type="checkbox"/> AM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Meals/Snacks Child Receives <small>Meals/Snacks Served at Center:</small>	<input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS		
Center Enroll Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Ethnic Identity (Check One)	Withdrawal Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Re-Enroll Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Child's First Name	<input type="text"/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Child's Last Name	<input type="text"/>	Racial Identity (Check all that apply)	
Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander	
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Child's Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander	
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Meals/Snacks Child Receives <small>Meals/Snacks Served at Center:</small>	<input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS		

PARENT / GUARDIAN INFORMATION	
I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.	Parent First Name: <input style="width: 90%;" type="text"/> Parent Last Name: <input style="width: 90%;" type="text"/> Cell Phone: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 60%;" type="text"/>
_____ Signature	_____ Date
SITE / SPONSOR USE ONLY	

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