

CACFP - MANDATORY PROVIDER & PARENT ENROLLMENT FOR FAMILY DAY CARE HOMES
 PROVIDER ONLY FILLS OUT TOP OF PAGE

New child Annual update New scheduled times/days/phone _____ PROVIDER _____

Child or Family Name _____ (Provider to fill in) Phone _____ Date sent in _____ Copy made

PARENT (ONLY) FILLS OUT BOTTOM OF FORM

ALL CHILDREN FROM ONE FAMILY MAY BE LISTED ON ONE FORM – IF THEY ATTEND THE SAME DAYS, TIMES AND MEAL SERVICES.

PARENTS: PLEASE MARK YES OR NO FOR THE FOLLOWING QUESTIONS:

YES or NO SCHOOL AGE CHILDREN SCHOOL AGE CHILDREN ARE IN ATTENDANCE FULL TIME WHEN SCHOOL IS OUT

YES NO WORK MULTIPLE SHIFTS. I WILL INDICATE ANY DAYS, TIMES OR MEALS MY CHILD/REN MAY ATTEND

Name of Child(ren) & Date of Birth & Grade: First & Last Names _____

PARENTS: In the chart below, please indicate the normal days and hours your child is in care, and the meals received while in care.
 I WILL INDICATE THE EARLIEST TIME MY CHILD/REN ARRIVE AND LATEST TIME THEY LEAVE.

	MON	TUES	WED	THUR	FRI	SAT	SUN
MUST check (✓) the days your child is normally in care.							
Please enter the normal hours your child is in care (e.g. 7:30am-5pm) <i>Must show 'am' & 'pm'</i>							
MUST check (✓) ALL meals your child normally receives while in care	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nitesnack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____	Breakfast ____ AM snack ____ Lunch ____ PM snack ____ Supper ____ Nite snack ____

Signature of Parent or Guardian: _____ Date _____

Printed Name: _____ Phone Number: _____

Address: _____ City / Zip _____

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled participant, and must be updated annually.

Day Care Service, Inc. Sponsor ID number: 1200270 C:\...\Owner\MyDocs\pdf\Parent enrollment 1-30-11

“The USDA and the State of Indiana are equal opportunity providers and employers.”

edit 1/30/11