Ohio Department of Education - Office of Integrated Student Supports

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				
• All parents/guardians are to compl	te a separate form for each child enr	olled at the	e child care or Head Start cer	nter.
• List the child's name, age, birth da	e, the days and hours normally in ca	e and the	meals normally received whi	ile in care.
• If schedule listed will frequently v	ry due to changes in parent/guardian	schedule,	check response box below c	chart.
• If the child comes before and after	school, list the hours in care for both	the morni	ng and afternoon.	
• CACFP Federal regulations 226.1	(e) (2) require that an enrollment for	m be com j	pleted annually and signed	by the child's parent
or guardian.				
CENTER NAME Northwest Chri	tian Child Care			
CHILD'S NAME	AG	E	BIRTHDATE /	1
(please print)			month /	dor. / ricom

		CHECK THE NORMA AND THE N		JRS YOUR CHILD IS I D WHILE IN CARE	IN CARE	
Check (✔) Days Child Normally in Care		List hours child normally in care		Check (✓) meals child normally receives while in care		
		Arrive Depart Breakfast		Lunch PM	PM Snack	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Yes, the sche	dule lis	ted above may frequently	vary due to change	es in parents/guardians	schedule.	

SIGNATURE OF PARENT/GUARDIAN		DATE	DAY PHONE NUMBER	
MAILING ADDRESS: STREET/APT.	CITY	Z	IP CODE	

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- (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.

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