

# Child Enrollment Form – \*Alternate Form

## 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: Central Lutheran Preschool + ESC

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 e.g. 7:30 AM – 5 PM or split schedule 7:30 – 9 AM & 12:30 – 5 PM	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Check the meals your child normally receives while in care	<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	<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	<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	<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	<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	<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	<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 additional 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 [fn@state.mn.us](mailto:fn@state.mn.us)

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\*This alternate Enrollment Form can be used to include the added detail of a daily attendance/meal schedule

March 2005