

Content and Frequency of Enrollment Forms

- PURPOSE:** To set forth the regulatory requirements regarding the content and frequency of enrollment forms in the Child and Adult Care Food Program (CACFP).
- SCOPE:** Institutions and facilities participating in the Child and Adult Care Food Program; except, this policy **DOES NOT APPLY** to At-Risk After School Snack Program, Outside School Hours Care Centers, Adult Day Care Centers, and Emergency/Homeless Shelters.
- DESCRIPTION:** For purposes of this instruction, enrolled child means a child whose parent or guardian has submitted to an institution a signed document that indicates that the child is enrolled for childcare.
- For each participant in CACFP (except those in at-risk snack programs, outside-school-hours care center, adult day care centers, and emergency/homeless shelters), enrollment forms shall be collected annually and be signed by a parent or guardian and shall include information on each child's normal days and hours in care and meals received in care. The parent/guardian must sign the enrollment form each year, even if there is NO change in days, hours, and/or meals.
- Institutions may develop their own enrollment form or use the form developed by the State Agency (attachment A). In either case, the above-required documentation shall be kept along with other required CACFP record keeping forms.
- This policy applies to enrollment forms for children entering CACFP on or after April 1, 2005, and to ALL child enrollment forms by September 30, 2005.
- SOURCE:** FY 05 Child and Adult Care Food Program Policy Memorandum #05-01 and #05-12.

IDOE/CACFP
December 10, 2004

Name of Institution: _____

Sponsor ID Number: _____

Name of Facility: _____

ENROLLMENT FORM

Name of Child: _____

In the chart below, please indicate the normal days and hours your child is in care, and the meals received while in care.

	MON	TUES	WED	THUR	FRI	SAT	SUN
Please check (✓) the days your child is normally in care							
Please enter the normal hours your child is in care (e.g. 7:30 am – 5 pm)							
Please check (✓) the meals your child normally receives while in care	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night Snack _____

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

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____