

# CACFP

## ENROLLMENT FORM OPTIONS

### Requirements:

- a. CACFP child care centers and Head Start centers must have a completed Enrollment Form on file for each enrolled child.
- b. Enrollment Forms are only valid up to 12 months following the month of receipt and determination and must be completed annually by parent or guardian.
- c. For ease of collection, it is highly recommended that agencies/centers distribute enrollment forms to parents/guardians at the same time as the Income Eligibility Application so that it is more likely that the forms would expire on the same date.
- d. The following program types DO NOT need enrollment forms:
  - Outside-School Hours Centers
  - Youth Development Programs
  - After School At Risk Programs
  - Emergency Shelters

### Enrollment Form Options (Form A, B, C or D)

1. Use CACFP Prototype Enrollment Form: **See Form A and Example Form A**
  - All parts of form completed by parent/guardian including normal days, hours and meals
2. Use CACFP Prototype Enrollment Form (Form A) with Daily Parent Sign-in and Sign-out Records:  
**See Example B or Form C**
  - Prototype form not completed regarding normal days, hours and meals (Example B) or form does not contain information regarding normal days, hours and meals (Form C)
  - Keep on file daily parent sign-in and sign-out records for the center
3. Use Ohio Department of Job and Family Services (ODJFS) Child Enrollment and Health Information Form (3 pages) with Daily Parent Sign-in and Sign-out Records: **See Form D**
  - ODJFS form must be completed by parent and completed annually
  - ODJFS form can only be used if parents sign their child in and out each day
  - Keep on file daily parent sign-in and sign-out records for the center
4. Develop own enrollment form with required information
  - Form can reflect only the meals served by the center and days open
  - Form must be approved by State Agency prior to use

**Ohio Department of Education - Office for Child Nutrition**  
**CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM**  
 Prototype 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 for Completion**
- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
  - List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If schedule will vary in future due to changes in parent/guardian job schedule, indicate by writing a note on chart.
  - If the child comes before and after school, list the hours in care for both the morning and afternoon.
  - CACFP Federal regulations 226.15(e)(2) require that an enrollment form be **updated annually** and signed by the child's parent or guardian.

<b>CENTER NAME</b>		
<b>CHILD'S NAME</b> (please print)	<b>AGE</b>	<b>BIRTHDATE</b> month / day / year

<b>CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE</b>											
Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
<b>Monday</b>											
<b>Tuesday</b>											
<b>Wednesday</b>											
<b>Thursday</b>											
<b>Friday</b>											
<b>Saturday</b>											
<b>Sunday</b>											

<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE</b>	<b>DAY PHONE NUMBER</b>
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<b>MAILING ADDRESS:</b>		
<b>STREET /APT.</b>	<b>CITY</b>	<b>ZIP CODE</b>

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**CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM**

Prototype 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 &amp; After School At Risk

**Instructions for Completion**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If schedule will vary in future due to changes in parent/guardian job schedule, indicate by writing a note on chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e)(2) require that an enrollment form be **updated annually** and signed by the child's parent or guardian.

<b>CENTER NAME</b>	Nashville Child Care		
<b>CHILD'S NAME</b> (please print)	Amy Smith	<b>AGE</b> 4	<b>BIRTHDATE</b> 6 / 1 / 06 month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	6:15 a.m.	3:00 p.m.		✓		✓	✓		
Tuesday	✓	6:15 a.m.	3:00 p.m.		✓		✓	✓		
Wednesday										
Thursday	✓	6:15 a.m.	3:00 p.m.		✓		✓	✓		
Friday	✓	6:15 a.m.	3:00 p.m.		✓		✓	✓		
Saturday										
Sunday		Note: In future, Amy's hours will vary due to working different shifts at job.								

<b>SIGNATURE OF PARENT/GUARDIAN</b>	Mary Smith	<b>DATE</b>	2/15/2011	<b>DAY PHONE NUMBER</b>	614-987-6543
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<b>MAILING ADDRESS:</b>			
<b>STREET /APT.</b>	123 Park Street	<b>CITY</b>	Nashville
		<b>ZIP CODE</b>	44448

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(rev. 2/23/11)

EXAMPLE B

**CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM**  
 Prototype 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

<b>Instructions for Completion</b>			
<ul style="list-style-type: none"> <li>• All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.</li> <li>• List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If schedule will vary in future due to changes in parent/guardian job schedule, indicate by writing a note on chart.</li> <li>• If the child comes before and after school, list the hours in care for both the morning and afternoon.</li> <li>• CACFP Federal regulations 226.15(e)(2) require that an enrollment form be <b>updated annually</b> and signed by the child's parent or guardian.</li> </ul>			
<b>CENTER NAME</b> Nashville Child Care			
<b>CHILD'S NAME</b> (please print)	Amy Smith	<b>AGE</b> 4	<b>BIRTHDATE</b> 6 / 1 / 06 month / day / year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE										
Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

<b>SIGNATURE OF PARENT/GUARDIAN</b> Mary Smith	<b>DATE</b> 2/15/2011	<b>DAY PHONE NUMBER</b> 614-987-6543
<b>MAILING ADDRESS:</b>		
<b>STREET /APT.</b> 123 Park Street	<b>CITY</b> Nashville	<b>ZIP CODE</b> 44448

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# CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Prototype form for use by Child Care Centers and Head Start Programs when a center has daily parent sign-in and sign-out sheets that list the time children arrive and depart from the center.

CACFP programs exempt from having an enrollment form on file are:

Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

\* Asterisk indicates required information:

### Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date
- CACFP Federal regulations 226.15(e)(2) require that the enrollment form be **updated annually** and signed by the child's parent or guardian.

### CENTER NAME

**CHILD'S NAME\***  
(please print)

**AGE**

**BIRTHDATE**

month / day / year

**SIGNATURE OF  
PARENT/GUARDIAN \***

**DATE \***

**DAY PHONE  
NUMBER**

**MAILING ADDRESS:  
STREET /APT.**

**CITY**

**ZIP CODE**

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