Child Enrollment Documentation Requirement
Child and Adult Care Food Program – Child Care Centers

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians. This requirement applies to all CACFP facilities except adult day care centers, emergency shelters, outside-school-hours care centers and at-risk centers.

Documentation of enrollment must include (per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8)):

- Each enrolled child’s normal days and hours in care and the meal services in which each child normally participates.
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, CACFP child care centers may use either of the two attached sample enrollment forms or may revise their own child care enrollment form to include the required information. The attached “standard” enrollment form documents each child’s days, hours and meals in general. The attached “alternative” version allows for more detail by documenting each child’s hours and meals for each day of the week.

This document needs to be updated annually. If the normal days, hours, meal services and contact information stays the same the guardian can initial and date on the bottom of the form. If there are minor changes the guardian can make these changes and initial and date on the bottom of the form in the space provided and no additional form needs to be completed. If there are significant changes please fill out a new form as needed or at least annually.

If you have any questions about the requirement for collection of enrollment information, please contact FNS at 651-582-8526, 800-366-8922 or e-mail mde.fns@state.mn.us.
Dear Parents,

Your child care center participates in the United States Department of Agriculture’s (USDA) Child and 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 CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA’s CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: ______________________________

Beginning Date of Child Care: ______________________________

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>Child’s Last Name</th>
<th>Child’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM.

To ______________ PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. 

Check the days your child normally attends:
- [ ] Sunday
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

Check the meals your child normally receives while in care:
- [ ] Breakfast
- [ ] AM Snack
- [ ] Lunch
- [ ] PM Snack
- [ ] Supper
- [ ] Night Snack

Beginning Date of Child Care: ______________________________

Check the days your child normally attends:
- [ ] Sunday
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

Check the meals your child normally receives while in care:
- [ ] Breakfast
- [ ] AM Snack
- [ ] Lunch
- [ ] PM Snack
- [ ] Supper
- [ ] Night Snack

If there are other children in care, please complete additional forms as needed.

<table>
<thead>
<tr>
<th>Parent’s Name (please print):</th>
<th>Date Signed (form must be completed annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent’s Signature: ______________________________

Home Phone: ______________________________

Work Phone: ______________________________

Mailing Address: ______________________________

City: ______________________________ State: ______ Zip: ______

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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.

This institution is an equal opportunity provider.

Information needs to be updated annually. If the above information is still accurate initial and date below.

Initial: ______________________________

Date: ______________________________
Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and 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 CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA’s CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your center.

Name of the Child Care Center: ________________________________
Beginning Date of Child Care: ________________________________
Child’s First Name: ___________________ Child’s Last Name: _______________ Child’s Date of Birth: ____________

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the normal hours your child is in care. For example, 7:30 AM–5:00 PM or split schedule 7:30 AM–9:00 AM and 12:30 PM–5:00 PM.</td>
<td>☐ Breakfast</td>
<td>☐ AM Snack</td>
<td>☐ Lunch</td>
<td>☐ PM Snack</td>
<td>☐ Supper</td>
<td>☐ Night Snack</td>
<td>☐ Breakfast</td>
</tr>
<tr>
<td>Check the meals your child normally receives while in care.</td>
<td>☐ Breakfast</td>
<td>☐ AM Snack</td>
<td>☐ Lunch</td>
<td>☐ PM Snack</td>
<td>☐ Supper</td>
<td>☐ Night Snack</td>
<td>☐ Breakfast</td>
</tr>
</tbody>
</table>

If there are other children in care, please complete additional forms as needed.

Parent’s Signature ___________________________________________ Date Signed (form must be completed annually) ____________________________

Parent’s Name (please print): ________________________________
Home Phone: ___________________________ Work Phone: ________________
Mailing Address: _____________________________________________
City: ___________________________ State: ___________ Zip: ____________

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Initial: __________________ Date: __________________