

Annual Enrollment Form

Virginia Child and Adult Care Food Program

ONE FORM PER ENROLLED CHILD, NEW FORM MUST BE COMPLETED EVERY 12 MONTHS

This form is required for: Child Care Centers, Head Start, Even Start, and Licensed Outside School Hours Programs	This form is NOT required for: At-Risk After-School, or Emergency Shelters
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Center Information – Sponsoring Institutions should pre-fill this section			
_____	_____		
Center Name	CACFP Sponsor Number		
_____	_____	_____	_____
Center Address	City	State	Zip Code

PARENTS/CENTERS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. **The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6.** If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4	MEALS RECEIVED												
	_____ <i>Child's First Name</i> _____ <i>Child's Last Name</i> _____ <i>Date of Birth</i> _____ <i>Age</i>		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	TIME IN (check AM/PM and record time)		TIME OUT (check AM/PM and record time)		TIME CHILD ATTENDS SCHOOL (record in/out times)		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper													
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: x-small;">AM</td> <td style="width: 33%; text-align: center; font-size: x-small;">PM</td> <td style="width: 33%; text-align: center; font-size: x-small;">Time</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	AM	PM	Time					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: x-small;">AM</td> <td style="width: 33%; text-align: center; font-size: x-small;">PM</td> <td style="width: 33%; text-align: center; font-size: x-small;">Time</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	AM	PM	Time				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; font-size: x-small;">Leaves Center</td> <td style="width: 50%; text-align: center; font-size: x-small;">Returns To Center</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Leaves Center	Returns To Center			
AM	PM	Time																					
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			<input type="checkbox"/> Yes I work multiple shifts and child(ren) may be in care <input type="checkbox"/> No different days/hours.																				

5	Ethnic/Racial Categories <i>Please answer both questions. This information is voluntary.</i>					
	A. Ethnic data of child(ren): Mark one only	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino			
	B. Racial data of child(ren): Mark one or more that apply	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native

6	Signature and Date (parent or guardian must complete this section)	
I certify the information above is correct.		
_____ <i>Signature of Parent or Guardian</i>	_____ <i>Date</i>	_____ <i>Parent's Telephone Number (optional)</i>

NON-DISCRIMINATION STATEMENT: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Child Care Representative Use Only	
Effective Date of This Enrollment Form: _____	<i>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</i>
_____ <i>Signature of Center Representative</i>	_____ <i>Date</i>
This form is effective for 12 months from the date of parent signature.	