

Virginia CACFP Annual CACFP Enrollment Form (Child)

CENTER/PROVIDER COMPLETE THIS SECTION

CDC North (3311) School-Age Care (3312) CDC South (3314)

Center/Provider Name

Purvis Rd.

Quantico

VA

22134

Street Address

City

State

Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate annual Enrollment Form per child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 5 below.**

This form is required for:

Child Care Centers, Family Day Care Homes, Licensed
Outside School Hours Care Centers

This form is NOT required for:

At-Risk Afterschool Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK			4	MEALS RECEIVED
	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Child's First Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Child's Last Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Date of Birth (m/d/yy)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Age</div>		<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	TIME OUT	SPORADIC SCHEDULE (no set schedule of days)		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack
					NOTES: My child will be attending hourly care on different days/hours: <input type="checkbox"/> Yes <input type="checkbox"/> No				

5 Parent/Guardian Signature and Date:
 By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Enrollment Form and that the information contained on this form is true and correct.

Printed Name

Signature

Street Address

City, State, Zip Code

Phone Number WORK/CELL (circle one)

Date

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- (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.

Child Care Representative Use Only

Effective Date of This Enrollment Form: _____
(m/d/yy)

Effective Withdrawal Date of This Enrollment Form: _____
(m/d/yy)

Printed Name of Center Representative

Signature of Center Representative

Date

The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

This form is effective for 12 months from the date of parent signature.