



Child Enrollment Documentation for Child Care Centers Participating in the Child and Adult Care Food Program (CACFP)

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

The enrollment form must include the following elements per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8):

- Each enrolled child's normal days
- Hours in care
- Meal service received
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, child care centers who participate in the Child and Adult Care Food Program (CACFP) can use the attached sample enrollment form or can modify their own child care enrollment form to include the required elements listed above.

Enrollment forms need to be updated annually by a parent or guardian. If the child's normal days that he/she attends the day care, their hours in care, the meal services they receive and contact information stays the same as what was reported on their original form, the parent or guardian can simply initial and date the form at the bottom. If only a few changes are needed the parent or guardian can simply modify the existing form and initial and date the form at the bottom. If there are significant changes that need to be made have the parent or guardian complete a new form.

If you have any questions about the requirement for collection of enrollment information, please contact Food and Nutrition Services (FNS) at 651-582-8526, 800-366-8922 or email mde.fns@state.mn.us.

Child Enrollment Form—Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) which ensures healthy meals are served to your children. To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: _____

Child’s First Name	Child’s Last Name	Date Of Birth	Beginning Date of Child Care

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

Check the meals your child normally receives while in care:

Weekdays	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack
Weekends	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack

*(for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.)

Child’s First Name	Child’s Last Name	Date Of Birth	Beginning Date of Child Care

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

Check the meals your child normally receives while in care:

Weekdays	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack
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*(for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.)

Infants Only: Your center is required to offer Iron-Fortified Infant Formula (IFIF). The iron-fortified infant formula this center offers is: _____ . You have the option of providing your own IFIF, providing expressed breastmilk or breastfeed on-site. Please indicate your preference (choose one or more):

I want the center to supply formula for my infant. I will provide breastmilk for my infant.

I will provide the following formula for my infant: _____ I will breastfeed my infant at the center.

The center will introduce semi-solid foods to your infant according to the decisions made by you and your infant’s doctor.

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

Parent/Guardian Signature: _____ Date Signed (form completed annually): _____

Parent/Guardian Name (print): _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Child enrollment information needs updates annually. If the above information is the same, initial and date below.

Initial:							
Date:							

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov

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