

# Annual Enrollment Form

## Virginia Child and Adult Care Food Program

Center Information			
<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; margin: 0;"><i>Center Name</i></p>			
<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Center Address</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>City</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>State</i></p>	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Zip Code</i></p>

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for children. Federal CACFP regulations require all parents or guardians to complete and review an 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 guardian must complete and ensure accuracy of Sections 1 through 5.**

This form is required for:	This form is NOT required for:
Child Care Centers, Head Start, and Even Start	At-Risk After-School, or Emergency Shelters, or Licensed Outside School Hours Programs

1	FULL NAME OF ENROLLED CHILD <small>(Include Birth Date/Age)</small>	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK	4	MEALS RECEIVED									
	<hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Child's First Name</i></p> <hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Child's Last Name</i></p> <hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Date of Birth</i></p>		<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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; padding: 5px;">TIME IN</th> <th style="width: 33%; padding: 5px;">TIME OUT</th> <th style="width: 33%; padding: 5px;">SPORADIC SCHEDULE</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Notes</b></td> </tr> </table>	TIME IN	TIME OUT	SPORADIC SCHEDULE				<b>Notes</b>				<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
TIME IN	TIME OUT	SPORADIC SCHEDULE														
<b>Notes</b>																

5	Signature and Date
	<p><i>I certify the information above is correct.</i></p> <hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Signature of Parent or Guardian</i></p> <hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Date</i></p> <hr style="width: 95%; margin: 0;"/> <p style="text-align: center; margin: 0;"><i>Parent's Telephone Number</i></p>

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