Dear Parent/Guardian,



Your childcare facility, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participates in the U. S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participants will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please complete the parent/guardian section of this form, sign it and return it to the Center Director. This form must be completed annually.

Thank you for your assistance!

Enrolled Participant information:

Last Name: First Name: DOB \*Food Allergies/Special Diet Instructions

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the participant cannot be served the CACFP Meal Pattern due to allergies please provide a note from a health care professional.

Circle days child will be at center:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle meals children normally eat at center:

Breakfast(7am-9am) AM Snack (9am -11am) Lunch (11am-1pm) PM Snack (130pm-430pm)

Supper (5pm-7pm) Late PM Snack (7pm-9pm)

Please list the normal times of arrival and departure (circle AM or PM):

Arrival Time: \_\_\_\_\_\_\_\_\_\_ AM or PM Departure Time: \_\_\_\_\_\_\_\_\_\_\_ AM or PM

For School-agers ONLY (when school is in session)

Arrival Time: \_\_\_\_\_\_\_\_\_\_\_AM or PM Depart for School: \_\_\_\_\_\_\_\_\_\_\_ AM or PM

Arrival from School: \_\_\_\_\_\_\_\_\_\_\_\_ AM or PM Final departure for the day: \_\_\_\_\_\_\_\_\_\_ AM or PM

**Parent Contact Information**:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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