

**CACFP STUDENT ENROLLMENT FORM**

**INSTRUCTIONS:** *If data is incorrect in box, correct information on the right side. Complete certification section before signing and dating form.*

*Data Currently On File*

**Parent's First Name:**

**Parent's Last Name:**

**Parent's Phone Number:**


**Student's First Name:**

**Student's Last Name:**

**Student's Birthdate:**


**Ethnic Identity: (Mark only 1)**

Hispanic or Latino     Not Hispanic or Latino

**Racial Identity: (Mark 1 or more)**

White     Black/African American     Am. Indian/Alaskan Native  
 Asian     Native Hawaiian/Other Pacific Islander

**Gender:**

Male     Female

**Enroll Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Days in Care:**

Mon     Tues     Wed     Thur     Fri     Sat     Sun

**Hours in Care:**

From \_\_\_\_\_:\_\_\_\_\_ To \_\_\_\_\_:\_\_\_\_\_

**Meal/Snacks Provided:**

Brk     AMS     Lun     PMS     Sup     EVS

**Times Child Attends School Leaves/Returns To Center:**  
 (school-age child only)

Leaves \_\_\_\_\_:\_\_\_\_\_ Returns \_\_\_\_\_:\_\_\_\_\_

**Parent Certification**

*I work multiple shifts and child may be in care different days/hours:*     **Yes**     **No**  
*I certify the information on this form is true and correct to the best of my knowledge.*  
*I certify that I have received access to WIC and CACFP literature within the last 12 months.*

\_\_\_\_\_  
 Signature of Parent

\_\_\_\_\_  
 Date

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, or disability. Anyone who believes they have been discriminated against should immediately write to: USDA; Director, Civil Rights Department, 1400 Independence Ave; SW; Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY) USDA is an equal opportunity provider and employer.

**For Licensed Center Use Only:**

**Re-Enroll Date:**     Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Classroom Assigned:**     \_\_\_\_/\_\_\_\_/\_\_\_\_    Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For CACFP Sponsor Use Only:**

CACFP Effective Date

**Comments:**