

**Maryland State Department of Education  
Office of School and Community Nutrition Programs  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
ENROLLMENT FORM**

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, age, birth date, the days and hours normally in care and the meals received while in care.
- CACFP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

Name of Child Care Center/Home

1. Child's Name	Child's Date of Birth (MM/DD/YYYY)
<p><b>Times Child Normally in Care</b>      <b>Hours from:</b> (For example 7:30 AM – 5 PM)      _____ to _____</p>	<p><b>Check (✓) the days your child normally attends:</b></p> <p><input type="checkbox"/> Monday      <input type="checkbox"/> Thursday  <input type="checkbox"/> Tuesday      <input type="checkbox"/> Friday  <input type="checkbox"/> Wednesday      <input type="checkbox"/> Saturday  <input type="checkbox"/> Sunday</p>
<p><b>Check (✓) the meals that your child will receive while in care:</b></p> <p><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"/> Evening Snack</p>	

2. Child's Name	Child's Date of Birth (MM/DD/YYYY)
<p><b>Times Child Normally in Care</b>      <b>Hours from:</b> (For example 7:30 AM – 5 PM)      _____ to _____</p>	<p><b>Check (✓) the days your child normally attends:</b></p> <p><input type="checkbox"/> Monday      <input type="checkbox"/> Thursday  <input type="checkbox"/> Tuesday      <input type="checkbox"/> Friday  <input type="checkbox"/> Wednesday      <input type="checkbox"/> Saturday  <input type="checkbox"/> Sunday</p>
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3. Child's Name	Child's Date of Birth (MM/DD/YYYY)
<p><b>Times Child Normally in Care</b>      <b>Hours from:</b> (For example 7:30 AM – 5 PM)      _____ to _____</p>	<p><b>Check (✓) the days your child normally attends:</b></p> <p><input type="checkbox"/> Monday      <input type="checkbox"/> Thursday  <input type="checkbox"/> Tuesday      <input type="checkbox"/> Friday  <input type="checkbox"/> Wednesday      <input type="checkbox"/> Saturday  <input type="checkbox"/> Sunday</p>
<p><b>Check (✓) the meals that your child will receive while in care:</b></p> <p><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"/> Evening Snack</p>	

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_