

ENROLLMENT FORM

IDOE/CACFP
July 2012

Name of Institution _____ Sponsor ID Number _____

Name of Facility _____

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (√) the meals your child normally receives while in care.	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack__
If your school-age child will be attendance outside of the regular hours indicated above (snow days, school breaks, etc) Please check (√) here _____							

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated **annually**.

Printed name of parent/guardian: _____ Phone Number: _____

Signature of parent/guardian: _____ Date: _____