

# BRIGHT NUTRITION CACFP ANNUAL ENROLLMENT FORM

Center Name: \_\_\_\_\_

New  Update  Drop In

**Parents** your childcare center participates in the Child and Adult Care Food Program and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete a CACFP 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.

CHILD(REN) INFORMATION	ATTENDANCE	NORMAL HOURS IN CARE			ENROLLMENT DATE		MEALS SERVED	
Child's First Name _____	<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 Sunday	TIME IN (Check AM/PM and record Time)		TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN
Child's Last Name _____		Time	AM	PM	Time	AM		
Date of Birth _____ Age _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female			<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"/> EV Snack	
Child's First Name _____	<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 Sunday	TIME IN (Check AM/PM and record Time)		TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN
Child's Last Name _____		Time	AM	PM	Time	AM		
Date of Birth _____ Age _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female			<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"/> EV Snack	
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Date of Birth _____ Age _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female			<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"/> EV Snack	

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I certify that the information above is correct and that I have received the CACFP Parent Booklet, that includes the following information:** (1) Building for The Future, (2) W.I.C. Program Information, (3) Civil Rights Complaint Procedures, (4) CACFP Meal Benefit Income Eligibility Letter for Household.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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