



# CACFP Enrollment Form

08

(Not required for Outside-School-Hours & Special After School Snack Programs)

Child's Name: \_\_\_\_\_

Days in Care: Circle all that may apply:

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Hours my child is in care: \_\_\_\_\_ AM to \_\_\_\_\_ PM

If the hours are varied, please explain:

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The meals my child will normally receive are:  
(Circle all that may apply.)

Breakfast	AM Snack
Lunch	PM Snack
Supper	Evening Snack

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date