CHILD AND ADULT CARE FOOD PROGRAM
2027 FAMILY DAY CARE
ENROLLMENT FORM

Your day care Provider participates in the Child and Adult Care Food Program. This program extends the benefits of the National School Lunch Program to children in Family Day Care Homes Because your provider cares about good nutrition, s/he has chosen the benefits of the Child and Adult Care Food Program for their Family Day Care Home

Under the regulations of the Child and Adult Care Food Program, your Provider may not charge for the meals served and claimed for reimbursement In addition, the Provider may not ask you to supply food for your child to claim for reimbursement under CACFP. Day care fees charged by your Provider cover the care of your child and other food costs not claimed for reimbursement under the Child and Adult Care Food Program

A diet statement from your doctor is needed if your child is unable to consume food components required by the Child and Adult Care Food Program. The statement allows your child to participate in the Child and Adult Care Food Program and maintain the diet prescribed by your doctor.

Please complete the following to verify that your child is enrolled in the Provider's home for day care services.

Child's Name	Date of Birth	Hours of Care *(From – To)*	Days of Care *(Circle All That Apply)*	Meal Requested *(Circle All That Apply)*
_____	_____	8 - 4	M T W TR F S	B A L P D
_____	_____	____-____	M T W TR F S	B A L P D
_____	_____	____-____	M T W TR F S	B A L P D

M=Monday *T=Tuesday* *W=Wednesday* *TR=Thursday* *F=Friday* *S=Saturday*
B=Breakfast *A=AM Supplement* *L=Lunch* *P=PM Supplement* *D=Dinner*

Race/Ethnic Identity: *(Optional)*

TOTAL	ETHNICITY:		RACE:				
	Hispanic or Latino	Not Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
ENROLLED PARTICIPANTS							
GEOGRAPHIC AREA							

☐ **I, _____ do not wish to enroll my child into the Child and Adult Care Food Program.**

I certify that I have read and understood the policy and requirements for my child's participation in the Child and Adult Care Food Program.

Parent's Name (Please Print) _____

X **Parent's Signature** _____ **Date** _____

Address _____
Street *City* *State* *Zip Code*

Home/Cell Phone (____) _____ **Work Phone** (____) _____

Provider's Name Sonja Svete-Zaninovic

Address 207 Elm Street, Elmwood Park, NJ 07407
Street *City* *State* *Zip Cod*

ALL INFORMATION IS CONFIDENTIAL

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