CHILD AND ADULT CARE FOOD PROGRAM
2026 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)
_____	_____	_____-_____	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) _____

Parent's Signature _____ **Date** _____

Address _____
Street City State Zip Code

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

Provider's Name _____

Address _____
Street City State Zip Cod

ALL INFORMATION IS CONFIDENTIAL

The Child and Adult Care Food Program is a federal program of the Food and Nutrition Service, United Stated Department of Agriculture. It is operated in accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866)632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.