

CHILD ENROLLMENT FORM FOR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)



SPONSORING ORGANIZATION:

Mason Meals Inc
1100 E Berks St
Philadelphia Pa 19125

PARTICIPATING CENTER:

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	THIS CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	DAYS OF WEEK IN ATTENDANCE
	TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL			
	AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
FIRST CHILD									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	<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
NAME:	<input type="checkbox"/> YES <input type="checkbox"/> NO I work multiple shifts & children may be in care different days/hours									
BIRTH DATE:	Other:									
AGE:	Enrollment Date: Withdrawal Date:									

SIGNATURE

Signature of Parent or Guardian

DATE

Telephone Number of Parent/Guardian

CHILD CARE REPRESENTATIVE	
_____ Name of Representative/Signature	_____ DATE
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) *mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410;*
- (2) *fax: (202) 690-7442; or*
- (3) *email: program.intake@usda.gov.*

This institution is an equal opportunity provider