

Child and Adult Care Food Program Child Enrollment Form Child Care Centers

Annual enrollment in the Child and Adult Care Food Program (CACFP) is required by federal regulation.

Complete the following information for each child enrolled at the center. Attach additional pages if necessary. Sign, date and return this form to the Child Care Center.

Umatilla Morrow Head Start, Inc.

CACFP Sponsor Name

Name of center where child is in care (if different than CACFP Sponsor)

CHILD INFORMATION

Last Name	First Name		Last Name	First Name
Normal Meals Received in Care			Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack		<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper		<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack		<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

Last Name	First Name		Last Name	First Name
Normal Meals Received in Care			Normal Meals Received in Care	
<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack		<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack
<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper		<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack		<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack

Signature of Parent or Legal Guardian

Printed Name

Date Signed:

Month	Day	Year

UMCHS is an Equal Opportunity Provider