

# NESD Head Start Program, Inc. CACFP Enrollment Information

Please complete sign this form and return it to be filed with the NESD Family/Child Enrollment Application which has already been completed. **A new form will need to be completed each school year. If a child moves from morning to afternoon, please complete a new form. If a child transfers to a new site, please complete a new form.**

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed.

(Please circle all that apply)

Child Name and Date of Birth	Normal Hours of Care	Normal Days of Care	Meals Normally Eaten While at the Facility
	_____ to _____	M T W T F	B AM L PM
	_____ to _____	M T W T F	B AM L PM
	_____ to _____	M T W T F	B AM L PM

B =Breakfast    AM = AM Snack    L = Lunch    PM = PM Snack

Parent/Guardian's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”