

Child Enrollment Documentation Requirement Child and Adult Care Food Program – Child Care Centers

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians. This requirement applies to all CACFP facilities except adult day care centers, emergency shelters, outside-school-hours care centers and at-risk centers.

Documentation of enrollment must include (per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8)):

- Each enrolled child's normal days and hours in care and the meal services in which each child normally participates.
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, CACFP child care centers may use either of the two attached sample enrollment forms or may revise their own child care enrollment form to include the required information. The attached "standard" enrollment form documents each child's days, hours and meals in general. The attached "alternative" version allows for more detail by documenting each child's hours and meals for each day of the week.

If you have any questions about the requirement for collection of enrollment information, please contact FNS at 651-582-8526, 800-366-8922 or e-mail mde.fns@state.mn.us.

Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents.

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center:					
Beginning Date of Child Care:					
Child's First Name Child's Last Name _	Child's Date of Birth				
Enter the normal hours your child is in care. For example, 7:30 A	M – 5:00 to				
PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:					
Check the days your child normally attends:					
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursd	ay ☐ Friday ☐ Saturday				
Check the meals your child normally receives while in care:					
☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Suppe	er 🗌 Night Snack				
Beginning Date of Child Care:					
Child's First Name Child's Last Name _	Child's Date of Birth				
Enter the normal hours your child is in care. For example, 7:30 A	M – 5:00 to				
PM or for a split schedule, $7:30~\text{AM} - 9:00~\text{AM}$ and $12:30~\text{PM} - 5:00~\text{AM}$					
Check the days your child normally attends:					
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursd	ay ☐ Friday ☐ Saturday				
Check the meals your child normally receives while in care:					
☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Suppe	er 🗌 Night Snack				
If there are other children in care, բ	please complete additional forms as needed.				
Parent's Signature	Date Signed (form must be completed annually)				
Parent's Name (please print):					
Home Phone:	Work Phone:				
Mailing Address:					
City:	State: Zip:				
For questions please contact:					
State Contact Information: Minnesota Department of Education- Food and Nutrition Service 1500 Highway 36 West, Roseville, MN 55113 651-582-8526 or 1-800-366-8922 - mde.fns@state.mn.us					

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If you wish to file a Civil Rights program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Child Enrollment Form – *Alternate Form Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your center.

Name of the Child (Care Center: _						
Beginning Date of C	Child Care:						
Child's First Name	Child's Last Name				Child's Date of Birth		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care. For example, 7:30 AM– 5:00 PM or split schedule 7:30 AM– 9:00 AM and 12:30 PM–5:00 PM							
Check the meals your child normally receives while in care.	Breakfast AM Snack Lunch PM Snack Supper Night Snack	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Night Snack other children	Breakfast AM Snack Lunch PM Snack Supper Night Snack	Breakfast AM Snack Lunch PM Snack Supper Night Snack	Breakfast AM Snack Lunch PM Snack Supper Night Snack	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Night ☐ Snack	☐ Breakfast☐ AM Snacl☐ Lunch☐ PM Snacl☐ Supper☐ Night☐ Snack☐
	Parent's	Signature		Date Sig	ned (form must	be completed anr	_ nuallv)
Parent's Name (· ·		J	(10	oo oompiotoa am	,
Home Phone:							
Mailing Address:							
City:	State: Zip:						
For questions ple	ease contact:						
Sponsoring Organ	ization:		Minnesot 1500 Hig	hway 36 West,	of Education- For Roseville, MN	ood and Nutritio 55113 e.fns@state.mn	

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^{*}This alternate enrollment form can be used to include the added detail of a daily attendance/meal schedule.