



Hoover Intergenerational Care, Inc.
Child Care Center/Preschool

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.
This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: 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 or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5, this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK	4	MEALS RECEIVED
First Child	Name Birth Date Age	<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	TIME IN AM PM TIME x 7:00am	TIME OUT AM PM TIME x 5:30pm	TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center	<input type="checkbox"/> Early Morning Snack <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	
Second Child	Name Birth Date Age	<input type="checkbox"/> Same Days as Above <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	<input checked="" type="checkbox"/> Same Times as Child Above	TIME IN AM PM TIME	TIME OUT AM PM TIME	TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center	<input checked="" type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <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
Third Child	Name Birth Date Age	<input type="checkbox"/> Same Days as Above <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	<input checked="" type="checkbox"/> Same Times as Child Above	TIME IN AM PM TIME	TIME OUT AM PM TIME	TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center	<input checked="" type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <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

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES

A. Ethnic data of child(ren) — Mark one.

Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren) — Mark one or more that apply.

Asian Black or African American Native Hawaiian or Other Pacific Islander

White American Indian or Alaska Native

6 SIGNATURE

I certify the information above is correct.

Signature of Parent or Guardian _____ Date _____ Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

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