

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 _____

V2 II

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

CHILD INFORMATION

Last Name	First Name	Last Name	First Name
<i>Estevan</i>	<i>Pedro</i>		
Normal Meals Received in Care		Normal Meals Received in Care	
<input checked="" 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 checked="" 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

Juanita Estevan

Signature of Parent or Legal Guardian _____

Juanita Estevan

Printed Name _____

Date Signed:

<i>7</i> Month	<i>15</i> Day	<i>09</i> Year
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