CACFP ENROLLMENT FORM

Child Care Name:

WISCONSIN CACFP
Child and Adult Care Food Program

Parent/Guardian Instructions:
This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. **This form can be used for three years for the same child(ren), to meet the annual updating requirements.**

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):   Additional Information (Year Two):   Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):   Additional Information (Year Two):   Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):   Additional Information (Year Two):   Additional Information (Year Three):

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature (Year One):   Date *Mo./Day/Yr.*

Parent/Guardian Initials (Year Two):   Date *Mo./Day/Yr.*

Parent/Guardian Initials (Year Three):   Date *Mo./Day/Yr.*

This institution is an equal opportunity provider.