North Carolina Department of Health and Human Services Division of Public Health

Child and Adult Care Food Program

**Child Participant Enrollment Form**

INSTITUTION FACILITY

NAME: Chatham County Partnership for Children NAME: \_ AGREEMENT#: 9422

# Dear Parent/Guardian,

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s First Name** | **Child’s Last Name** | **Date of**  **Birth** | **Normal/Typical**  **Hours of Care** | **Normal/Typical Days of**  **Care (Circle all that apply)** | **Meals Normally Eaten**  **(Circle all that apply)** |
|  |  |  | \_ to \_ | M T W Th F Sat Sun | B AM L PM S LPM |
|  |  |  | \_ to \_ | M T W Th F Sat Sun | B AM L PM S LPM |
|  |  |  | \_ to \_ | M T W Th F Sat Sun | B AM L PM S LPM |
|  |  |  | \_ to \_ | M T W Th F Sat Sun | B AM L PM S LPM |
|  |  |  | \_ to \_ | M T W Th F Sat Sun | B AM L PM S LPM |

**Normal/Typical Hours of Care**: Please write in each child’s usual arrival and departure time. Indicate a.m. or p.m.

**Normal Days of Care:** Please circle the days of the week each child is usually in attendance at the facility. (M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

**Meals Normally Eaten** – Please circle the meals each child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

# Parent/Guardian Signature: Date:

Print Name:

Address:

City: State: Zip Code:

Home Telephone Number: **( )** Work Telephone Number: **( )**

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: Date:

Date each child withdrew: **\_**

**For State Use Only:** Complete: Incomplete Reason: \_ Verified by: Date:

This institution is an equal opportunity provider.

NC CACFP Child Enrollment Child (06/20)