

**Virginia Child and Adult Care Food Program (CACFP)
Annual Enrollment Form (Child)**

CENTER/PROVIDER COMPLETE THIS SECTION

Center/Provider Name

VA

Street Address

City

State

Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 5 below.**

This form is required for:

Child Care Centers, Family Day Care Homes

This form is NOT required for:

Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3			4	MEALS RECEIVED
				TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	TIME IN	TIME OUT		
	<i>Child's First Name</i>		<input type="checkbox"/> Monday					<input type="checkbox"/> Breakfast
	<i>Child's Last Name</i>		<input type="checkbox"/> Tuesday					<input type="checkbox"/> AM Snack
	<i>Date of Birth (mm/dd/yyyy)</i>		<input type="checkbox"/> Wednesday					<input type="checkbox"/> Lunch
	<i>Age</i>		<input type="checkbox"/> Thursday					<input type="checkbox"/> PM Snack
			<input type="checkbox"/> Friday					<input type="checkbox"/> Supper
			<input type="checkbox"/> Saturday					<input type="checkbox"/> EV Snack
			<input type="checkbox"/> Sunday					
			NOTES:					

5 Parent/Guardian Signature and Date:
By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.

Printed Name: _____ *Signature:* _____

Street Address: _____ *City, State, Zip Code:* _____

Phone Number HOME / WORK / CELL (circle one): _____ *Date:* _____

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Child Care Representative Use Only

Effective Date of This Enrollment Form: _____
(mm/dd/yyyy)

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

Effective Withdrawal Date of This Enrollment Form: _____
(mm/dd/yyyy)

Printed Name of Center Representative _____

This form is effective for 12 months from the date of parent signature.

Signature of Center Representative _____