Child and Adult Care Food Program

CACFP ANNUAL ENROLLMENT FORM DAY CARE HOMES

Fiscal Year:_____

Dear Parent/ Guardian,

Institution Name: **T & T Tutor World, Inc.** Agreement Number:_____

Provider Name: _____ Start Date: _____

Your daycare facility participates in the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete an enrollment form for each child in your household that is enrolled at this facility. The information below should be completed by the parent/ guardian. Please use the guide below to complete. This form must be signed, dated, and completed in full.

Guide:

Normal hours of care: Please insert the usual arrival time and usual departure time. Indicate am or pm.

Normal Days of Care: Please circle the days of the week your child is usually in attendance at the facility. (M= Monday, T= Tuesday, W= Wednesday, TH= Thursday, F= Friday, S= Saturday)

Meals Normally Eaten: Please circle the meals your child usually eats at the facility. (B= Breakfast, A= AM Snack, L= Lunch, P= PM Snack, S= Supper, E= Evening Snack)

Child's First Name:	Child's Last Name:	Sex: (Circle)	Normal Days of Care: (Circle)	Normal Hours of Care:	Meals Normally Eaten (Circle all that apply)
		M F	M T W TH F S	_____ to _____	B A L P S E

Date of Birth	Ethnicity (Circle One)	Race: (Circle all that apply)	School District: _____	Leaves for School _____am	Returns from School _____pm
	Hispanic or Latino, Not Hispanic or Latino	Asian, African American or Black, White, American Indian, Alaska Native, Native Hawaiian, Pacific Islander	Homeschool AM/ PM Kindergarten School Aged Kindergarten AM/ PM Head Start Private School Year Round All Day Head Start No School	Summer Hours Arrives: _____ Departs: _____	School Out/ Sick Days Arrives: _____ Departs: _____

Parent/ Guardian Name: (Print)_____ Date: _____

Mailing Address:_____

City:_____ State: _____ Zip Code: _____

Phone Number: (home) _____ (cell) _____ (work)_____

E- mail address: _____

Does this child live with the daycare home provider? Yes or No Is this child related to the daycare home provider? Yes or No

Parent Signature: _____

Provider Signature: _____ Date: _____

Date the child withdrew: _____

This facility is an equal opportunity provider.