

Child Enrollment Documentation Requirement Child and Adult Care Food Program – Child Care Centers

Child Care Centers that participate in the Child and Adult Care Food Program (CACFP) are required to annually collect enrollment information from parents and guardians. This requirement applies to all CACFP facilities except adult day care centers, emergency shelters, outside-school-hours care centers and at-risk centers.

Documentation of enrollment must include (per regulations 7 CFR § 226.15(e)(2) and § 226.17(b)(8)):

- Each enrolled child's normal days and hours in care and the meal services in which each child normally participates.
- Signature of parent or guardian.
- Annual updating of the information.

To document enrollment information, CACFP child care centers may use either of the two attached sample enrollment forms or may revise their own child care enrollment form to include the required information. The attached "standard" enrollment form documents each child's days, hours and meals in general. The attached "alternative" version allows for more detail by documenting each child's hours and meals for each day of the week.

If you have any questions about the requirement for collection of enrollment information, please contact FNS at 651-582-8526, 800-366-8922 or e-mail mde.fns@state.mn.us.

Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: _____

Beginning Date of Child Care: _____

Child's First Name _____ Child's Last Name _____ Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____ PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack

Beginning Date of Child Care: _____

Child's First Name _____ Child's Last Name _____ Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____ PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack

If there are other children in care, please complete additional forms as needed.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name (please print): _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For questions please contact:

Sponsoring Organization:
[insert Name, Address, Phone]

State Contact Information:
Minnesota Department of Education- Food and Nutrition Service
1500 Highway 36 West, Roseville, MN 55113
651-582-8526 or 1-800-366-8922 - mde.fns@state.mn.us

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please

Child Enrollment Form – *Alternate Form Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your center.

Name of the Child Care Center: _____

Beginning Date of Child Care: _____

Child's First Name: _____ Child's Last Name: _____ Child's Date of Birth: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care. For example, 7:30 AM–5:00 PM or split schedule 7:30 AM–9:00 AM and 12:30 PM–5:00 PM							
Check the meals your child normally receives while in care.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack

If there are other children in care, please complete additional forms as needed.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name (please print): _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For questions please contact:

Sponsoring Organization:
[insert Name, Address, Phone]

State Contact Information:
Minnesota Department of Education- Food and Nutrition Service
1500 Highway 36 West, Roseville, MN 55113
651-582-8526 or 1-800-366-8922 - mde.fns@state.mn.us

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Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).