

**Illinois State Board of Education
Annual Enrollment Form
Child and Adult Care Food Program**

Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs

Exempt programs: At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form and enter effective date in lower left section.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK							4 MEALS RECEIVED	
		TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	Leaves Center		Returns To Center
First Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>							
		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack										
Second Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above								<input type="checkbox"/> Same Meals as Above
<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack										
Third Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above								<input type="checkbox"/> Same Meals as Above
<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack										

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren)— Mark only one. Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren)— Mark one or more that apply. Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

6 SIGNATURE
 I certify the information above is correct. _____
Signature of Parent or Guardian _____ *Date* _____ *Telephone Number of Parent or Guardian*

<p align="center">CHILD CARE REPRESENTATIVE USE ONLY</p> <p>Effective Date of This Enrollment Form _____</p> <p>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</p>	<p>In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.</p>
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