

ILLINOIS STATE BOARD OF EDUCATION
Annual Enrollment Form
Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for 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.

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					
First Child		<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		TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		<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					
Name				AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center						
Birth Date																	
Age				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours													
Second Child				<input type="checkbox"/> Same Days as Above		<input type="checkbox"/> Same Times as Child Above								<input type="checkbox"/> Same Meals as Above			
Name				<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		TIME IN			TIME OUT					TIMES CHILD ATTENDS SCHOOL		<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	
Birth Date		AM	PM			TIME	AM	PM	TIME	Leaves Center	Returns To Center						
Age		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours															
Third Child		<input type="checkbox"/> Same Days as Above				<input type="checkbox"/> Same Times as Child Above							<input type="checkbox"/> Same Meals as Above				
Name		<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				TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		<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			
Birth Date						AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center				
Age				<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours													

Please answer both questions. This information is voluntary.

5	ETHNIC/RACIAL CATEGORIES—	A. Ethnic data of child(ren) — Mark only one.	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
		B. Racial data of child(ren) — Mark one or more that apply.	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
			<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native
				<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

6	SIGNATURE I certify the information above is correct.	<i>Signature of Parent or Guardian</i>	<i>Date</i>	<i>Telephone Number of Parent or Guardian</i>
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CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

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

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