

ENROLLMENT FORM REQUIREMENTS

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)





Illinois State Board of Education (ISBE)

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





Annual Enrollment Form

- Requirements
- Step-by-step instructions for completion



Illinois State Board of Education

Annual Enrollment Form (ISBE 67-98)

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 shillfully by observation) and initial the section. The center will review completed enrollment form

			_	(by ob	servation)	and ir	nitial th	ne section	. The center	will review o	completed enrollment form.
FULL NAME OF ENROL (Include Birth Dat	LLED CHILD (e/Age)	DAYS OF WEEK IN ATTENDANCE TIMES CHILD NORMALLY ATTENDS DURING WEEK								4 MEALS RECEIVED	
rst Child		☐ Monday ☐ Tuesday	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		☐ Early Morning Snack ☐ Breakfast
		Wednesday	AM	PM	TIME	АМ	РМ	TIME	Leaves Center	Returns To Center	A.M. Snack
rth Date		☐ Thursday ☐ Friday									Lunch P.M. Snack
je		Saturday	Yes No I work multiple shifts and child(ren) may be in care different days/hours								Supper
	1	Sunday									Evening Snack
econd Child	1	Same Days as Above									Same Meals as Above
ame		☐ Monday ☐ Tuesday		TIME IN			TIME	DUT	TIMES CHILD ATTENDS SCHOOL		☐ Early Morning Snack ☐ Breakfast
ime		☐ Wednesday	AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	A.M. Snack
rth Date		☐ Thursday ☐ Friday									Lunch P.M. Snack
Saturday Sturday Solver multiple shifts and child(ren) ma							ild(ren) may b	e in care	in care Supper		
Sunday									Evening Snack		
hird Child	1	Same Days as Above							Same Meals as Above		
		Monday	TIME		E IN	TIME OUT			TIMES CHILD ATTENDS SCHOOL		☐ Early Morning Snack ☐ Breakfast
ime		☐ Tuesday ☐ Wednesday	AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	A.M. Snack
rth Date		Thursday		-					Cerner	Center	Lunch
e		☐ Friday ☐ Saturday		Yes No I work multiple shifts and child(ren) may be in care different days/hours							P.M. Snack Supper
	1	Sunday									Evening Snack
ease answer both questi	ons. This infor	mation is voluntary.									
ETHNIC/RACIAL CATEGORIES—		ic data of child(ren) k only one.	_	Hispanic or Latino Not Hispanic or Latino							
		 B. Racial data of child(ren) Mark one or more that 		Asian Black or African American						rican	Native Hawaiian or Other Pacific Islander
		apply.			White	American Indian or Alaska Native					
SIGNATURE I certify the information		arent or Guardian									
above is correct.		Date Telephone							Number of Parent or Guardian		
HILD CARE REPRESENT	ATIVE USE ON	LY									
fective Date of this enrollm	nent form:										
e effective date may be m	ade retroactive l	back to the first day the	child ;	particip	ates in the	CACFE	as lon	g as it occu	rs in the same	month in which	ch this form is received.

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ISBE 67-98 (6/20) Effective July 1, 2020



Enrollment Form Requirements

- Required in:
 - Child Care Centers
 - Head Start and Even Start Programs
 - Pre-K Programs
 - Licensed Outside School Hours Programs
- Exempt in:
 - At-Risk After School Programs
 - Emergency Shelters
 - Licensed Exempt Outside School Hours Programs
- Key information:
 - Does not replace the Household Eligibility Application
 - Must be "renewed" every year
 - Must have parent/ guardian signature and date
 - Use the most updated form (i.e. available every July 1st)

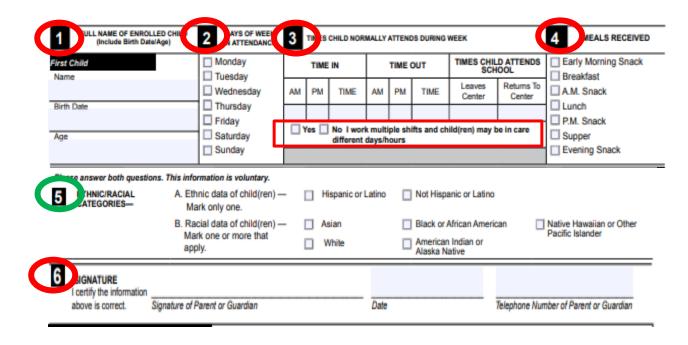




Annual Enrollment Form → Parent Responsibilities

The following **must** be documented

- Section 1: Full name of enrolled child(ren), birth date, age
- Section 2: Days of week in attendance
- Section 3: Times child normally attends during week
- Section 4: Meals received at facility
- Section 5: OPTIONAL (strongly encouraged by USDA) ethnic/ racial categories
- Section 6: Signature



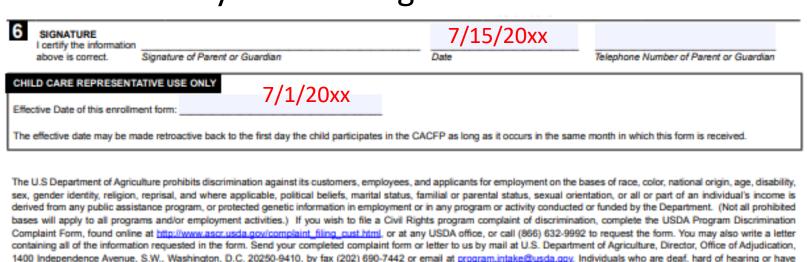
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Annual Enrollment Form -> Sponsor Responsibilities

- Complete effective date of this enrollment form date may be retroactive back to the first day the child participates as long as it occurs in the same month it was received
- NOTE

 Make sure you are using the most current form



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Key information about Enrollment Forms:

- You are not required to make changes to the form during the year.
- If changes are made to the form (i.e. schedule changes) initial and date those changes.
- ISBE compares the enrollment forms to the meal participation records.



Common errors found with Enrollment Forms during an ISBE audit

- Incomplete form
 - Missing DOB/Age, Days/Hours of Attendance, Meals Received, Signature
- Outdated forms
- No form on file
- No effective date









Incomplete enrollment forms mean you cannot claim ANY meals for the respective children until they are complete regardless of eligibility



Recordkeeping

All forms must be kept for 3 years plus the current year.

 If audit findings have not been resolved, the forms must be kept as long as necessary to resolve the issues raised by the

audit.





Every July 1st the Enrollment Form is updated annually







- Enrollment forms are required
 (Child Care Centers, Head Start/Even Start Programs, Pre-K Programs and Licensed Outside School Hours Programs)
- 2. Double check forms for completeness
- 3. Sponsor needs date forms (i.e. effective date)



Nutrition Department

Illinois State Board of Education www.isbe.net/nutrition cnp@isbe.net 800-545-7892

