

**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. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

| <b>1</b> FULL NAME OF ENROLLED CHILD<br>(Include Birth Date/Age)                                                                   | <b>2</b> DAYS OF WEEK<br>IN ATTENDANCE                                                                                                                                                                                                                                                                          | <b>3</b> TIMES CHILD NORMALLY ATTENDS DURING WEEK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4</b> MEALS RECEIVED |    |      |                            |                   |  |                            |  |    |    |      |    |    |      |               |                   |  |  |  |  |  |  |  |  |                                                                                                                                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                        |
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| <b>First Child</b><br>Name _____<br>Birth Date _____<br>Age _____                                                                  | <input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><input type="checkbox"/> Saturday<br><input type="checkbox"/> Sunday                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8" style="text-align:center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours                             </td> </tr> </tbody> </table>                                                              | TIME IN                 |    |      | TIME OUT                   |                   |  | TIMES CHILD ATTENDS SCHOOL |  | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center |  |  |  |  |  |  |  |  | <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<br><input type="checkbox"/> Breakfast<br><input type="checkbox"/> A.M. Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> P.M. Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack                                                        |
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| <b>Second Child</b><br>Name _____<br>Birth Date _____<br>Age _____                                                                 | <input type="checkbox"/> <b>Same Days as Above</b><br><input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><input type="checkbox"/> Saturday<br><input type="checkbox"/> Sunday | <input type="checkbox"/> <b>Same Times as Child Above</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8" style="text-align:center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours                             </td> </tr> </tbody> </table> | TIME IN                 |    |      | TIME OUT                   |                   |  | TIMES CHILD ATTENDS SCHOOL |  | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center |  |  |  |  |  |  |  |  | <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"/> <b>Same Meals as Above</b><br><input type="checkbox"/> Early Morning Snack<br><input type="checkbox"/> Breakfast<br><input type="checkbox"/> A.M. Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> P.M. Snack<br><input type="checkbox"/> Supper<br><input type="checkbox"/> Evening Snack |
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*Please answer both questions. This information is voluntary.*

**5 ETHNIC/RACIAL CATEGORIES—**

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

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

**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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