North Carolina Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section Child and Adult Care Food Program



Infant and Child Enrollment Form

NAME:	FACILITY NAME:			AGREEMENT#:			
Program (CACFP). CA	receives funding from t CFP needs proof of enro your family enrolled at	ollment for a this center/p	ll infants and child program. Be sure	ture (USDA) Child and Ad dren. Please complete the to sign and date in the sp	table below fo	r each	
Infant/Child's	Infant/Child's	Date of	t be completed by the Normal/Typical	Normal/Typical Days of Meals Normally Eaten		llv Eaten	
First Name	Last Name	Birth	Hours of Care	Care (Circle all that apply)	(Circle all that apply)		
			to	M T W Th F Sat Sun	B AM L PM	S LPM	
			to	M T W Th F Sat Sun	B AM L PM	I S LPM	
			to	M T W Th F Sat Sun	B AM L PM	I S LPM	
			to	M T W Th F Sat Sun	B AM L PM	I S LPM	
			to	M T W Th F Sat Sun	B AM L PM	S LPM	
Normal Days of Care: (M-Monday; Meals Normally Eate	Circle the days of the v T-Tuesday; W-Wednesc n – Circle the meals eac	week each in day; Th- Thur h infant/child	fant/child is usua sday; F-Friday; Sa d usually eats at tl	d departure time. Indicat lly in attendance at the fa t-Saturday; Sun-Sunday) ne facility. N-Late PM/Evening Snack	cility.		
Parent/Guardian Signature:				Date:			
Print Name:							
Address:							
City:			_State:Zip	Code:			
Home Telephone Nur	mber: ()	V	Vork Telephone N	Jumber: ()			
For Facility/Provider Use Only: Signature of Facility Represe	entativo/Providor:			Date			
Date each infant/child with	-						
2 at 2 cash many china with							
For State Use Only: Complete:	Incomplete	Reason:		Verified by:	Date:		

This institution is an equal opportunity provider.