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:				AGREEMENT#:		
Program (CACFP). CA	receives funding from t ACFP needs proof of enro	ollment for a	ll infants and child	ture (USDA) Child and Ad dren. Please complete the to sign and date in the sp	table below for each	
Infant/Child's	The information Infant/Child's		Normal/Typical	parent or guardian.	Mania Nawanii - Fat	
First Name	Last Name	Date of Birth	Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)	
			to	M T W Th F Sat Sun	B AM L PM S L	LPM
			to	M T W Th F Sat Sun	B AM L PM S I	LPM
			to	M T W Th F Sat Sun	B AM L PM S I	LPM
			to	M T W Th F Sat Sun	B AM L PM S L	LPM
			to	M T W Th F Sat Sun	B AM L PM S I	LPM
Normal Days of Care (M-Monday; Meals Normally Eate	e: Circle the days of the variation of t	week each in day; Th- Thur h infant/child	fant/child is usual sday; F-Friday; Sa I usually eats at th	d departure time. Indicate ly in attendance at the fac t-Saturday; Sun-Sunday) ne facility. 1-Late PM/Evening Snack)	•	
Parent/Guardian Signature:				Date:		
Print Name:						
Address:						
City:			_State:Zip	Code:		
Home Telephone Nu	mber: ()	V	Vork Telephone N	lumber: ()		
For Facility/Provider Use Only: Signature of Facility Represe	entative/Provider:			Date:		
Date each infant/child with	-					
For State Use Only: Complete:	Incomplete	Reason:		Verified by:	_Date:	

This institution is an equal opportunity provider.