BRIGHT NUTRITION
CACFP ANNUAL ENROLLMENT FORM

Center Name: CEI Preschool Spanish Immersion School ❑New ❑Update ❑Drop In

Parents your childcare center participates in the Child and Adult Care Food Program and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care.

CHILD(REN) INFORMATION	ATTENDANCE	NORMAL HOURS IN CARE						ENROLLMENT DATE		MEALS SERVED
Child's First Name Child's Last Name Date of Birth / Age	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	TIME IN (Check AM/PM and record Time)			TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ EV Snack
		Time	AM	PM	Time	AM	PM			
		☐Male					☐Female			
Child's First Name Child's Last Name Date of Birth / Age	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	TIME IN (Check AM/PM and record Time)			TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ EV Snack
		Time	AM	PM	Time	AM	PM			
		☐Male					☐Female			
Child's First Name Child's Last Name Date of Birth / Age	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	TIME IN (Check AM/PM and record Time)			TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ EV Snack
		Time	AM	PM	Time	AM	PM			
		☐Male					☐Female			
Child's First Name Child's Last Name Date of Birth / Age	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	TIME IN (Check AM/PM and record Time)			TIME OUT (Check AM/PM and record Time)			DATE ENROLLED	DATE WITHDRAWN	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ EV Snack
		Time	AM	PM	Time	AM	PM			
		☐Male					☐Female			

Parent/Guardian Name: _____ Home Phone #: _____

Address: _____ City: _____ Zip Code: _____

I certify that the information above is correct and that I have received the CACFP Parent Booklet, that includes the following information: (1) Building for The Future, (2) W.I.C. Program Information, (3) Civil Rights Complaint Procedures, (4) CACFP Meal Benefit Income Eligibility Letter for Household.

Signature of Parent/Guardian _____ Date _____

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