**Ohio Department of Education - Office for Child Nutrition**

**CHILD AND ADULT CARE FOOD PROGRAM**

**ENROLLMENT FORM**

**Required Form for use by Child Care Centers and Head Start Programs**

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

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| **Instructions for Completion**  - All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.   * List the child’s name, age, birth date, the days and hours normally in care and the meals normally received while in care. * If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart. * If the child comes before and after school, list the hours in care for both the morning and afternoon. * CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child’s parent or guardian. | | |
| **CENTER NAME**  **TOTally Kids Learning Center** | | |
| **CHILD’S NAME**  (please print) | **AGE** | **BIRTHDATE / /**  month / day / year |

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| **CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE** | | | | | | | | | | | |
| **Check (****) Days Child Normally in Care** | | **List Hours Child Normally in Care** | | | | **Check (****) Meals Child Normally Receives while in Care** | | | | | |
| **Arrive** | **Depart** | **Arrive** | **Depart** | **Breakfast** | **AM**  **Snack** | **Lunch** | **PM**  **Snack** | **Supper** | **Evening**  **Snack** |
| **Monday** |  |  |  |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |  |  |  |
| **Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule** | | | | | | | | | | | |

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| --- | --- | --- |
| **SIGNATURE OF PARENT/GUARDIAN** | **DATE** | **DAY PHONE NUMBER** |
| **MAILING ADDRESS:**  **STREET /APT. CITY ZIP CODE** | | |
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