

Child and Adult Food Care Food Program
CACFP ANNUAL ENROLLMENT FORM DAY CARE HOMES
 Fiscal Year _____

Dear Parent/Guardian,

Institution Name: T & T Tutor World, Inc

Agreement Number: 7448

Print Provider Name: _____

Start Date: _____

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete an enrollment form for each child in your household that is enrolled at this facility. **The information below should be completed by the parent or guardian.** Please use the guides below the table to complete. **This form must be signed, dated and completed in FULL.**

Guide:
Normal hours of care: Please insert the usual arrival time and usual departure time. Indicate a.m. or p.m.
Normal days of care: Please circle the days of the week your child is usually in attendance at the facility. (M= Monday; T= Tuesday; W= Wednesday; TH= Thursday; F= Friday; Sat= Saturday)
Meals Normally Eaten: Please circle the meals your child usually eats at the facility.
 (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/ Evening Snack)

<u>Child's First Name</u>	<u>Child's Last Name</u>	<u>Sex</u> (circle)	<u>Normal/Typical Days of care</u> (circle all that apply)	<u>Normal/Typical Hours of Care</u>	<u>Meals Normally Eaten</u> (Circle all that apply)
		M F	M T W TH F Sat	_____ to _____	B A M L P M S L P M

<u>Date Of Birth</u>	<u>Ethnicity</u> (circle one)	<u>Race</u> (circle all that apply)	<u>School District</u>	<u>Leaves for School</u> _____ AM	<u>Returns from school</u> _____ PM
	Hispanic or Latino Not Hispanic or Latino	Asian, African American or Black, White, American Indian, Alaska Native, Native Hawaiian, Pacific Islander	Home School AM / PM Kindergarten School Aged Kindergarten AM / PM Head Start Private School Year Round All Day Head Start No School	Summer Hours Arrives _____ Departs _____	School Out/Sick Days Arrives _____ Departs _____

Parent/Guardian Name: (Print) _____ Date _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number (Home): _____ Cell: _____ Work: _____

E-Mail Address: _____

Does this child live with Day Care Home Provider? Yes or No Is this child related to the Day Care Home Provider? Yes or No

Parent Signature: _____

Signature of Facility Representative/Provider: _____ Date _____

Date the child withdrew: _____