

Child Enrollment Form Child & Adult Care Food Program

Dear Parent/Guardian:

Your child care center, **Mother Hubbard Preschool** participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

Meals served must meet nutrition requirements established by USDA’s Child & Adult Care Food Program. In order to participate, the child care center has agreed to follow the USDA guidelines. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

In an effort to assess that these requirements are being met, the USDA and CACFP requires child care centers to annually collect the enrollment information listed below.

Please complete the form and return it to your child care center. Part 1 and Part 3 need to be completed by all families or guardians. Part 2 is to be completed ONLY if enrolling an infant child (under the age of 12 months).

PART 1: CHILD ENROLLMENT INFORMATION

Child’s First Name	Last Name	Child’s Date of Birth & Age	Beginning Date of Child Care
Times Child Normally Attends For example, 7:30 AM – 5 PM X Schedule Varies	Hours from: <u>7:00 am</u> to <u>5:30 pm</u>	Check the days your child normally attends <input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday	Check he meals you request that your child receives while in care <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
Child’s First Name	Last Name	Child’s Date of Birth & Age	Beginning Date of Child Care
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If there are other children in care, please complete additional forms as needed.

FOR SPONSOR OFFICE USE ONLY

Effective Date of this Enrollment Form: **October 2025** Fiscal Year : **2026**
 The effective date can be made retroactive back to the first day the child participates In the CACFP as long as it occurs in the same month this form is received.

