

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: **Dilworth United Methodist Church** Agreement Number: 7224
Facility/Provider Name: **Dilworth Child Development Center 605 E. Blvd Char, NC 28203**

Dear Parent/Guardian,

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 the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Normal/Typical Days of Care (Circle all that apply)
		_____ to _____	M T W TH F	B/ lunch/ pm
		_____ to _____	M T W TH F	B/ lunch/ pm
		_____ to _____	M T W TH F	B/ lunch/ pm
		_____ to _____	M T W TH F	B/ lunch/ pm
		_____ to _____	M T W TH F	B/ lunch/ pm

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility. (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer. DHHS CAC-Enrollment (1/09)

For State Use Only: Complete: _____ Incomplete: _____ Reason: _____ Verified by: _____ Date: _____

DHHS CAC-enrollment (01/09)