



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
**CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS**

**CENTER'S INFORMATION**

NAME OF CHILD CARE CENTER		PHONE NUMBER
CENTER CONTACT PERSON'S NAME	CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

**CHILD'S INFORMATION**

CHILD'S FULL NAME		DATE OF BIRTH
PARENT OR GUARDIAN NAME	STREET ADDRESS	
CITY	STATE	ZIP CODE DAYTIME PHONE NUMBER

**ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)**

ARE YOU OF HISPANIC OR LATINO ORIGIN?  
 Yes     No

WHAT IS YOUR RACE? (SELECT ONE OR MORE)  
 American Indian or Alaskan Native   
 Asian   
 Black or African American   
 Native Hawaiian or Other Pacific Islander   
 White

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE:	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION:
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

**CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER**

<input type="checkbox"/> FULL DAY CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> EVENING CARE
<input type="checkbox"/> HALF DAY - MORNING	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> OVERNIGHT CARE
<input type="checkbox"/> HALF DAY - AFTERNOON	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	

**CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER**

<input type="checkbox"/> BREAKFAST	<input type="checkbox"/> LUNCH	<input type="checkbox"/> SUPPER
<input type="checkbox"/> MORNING SNACK	<input type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> EVENING SNACK

**CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER**

<input type="checkbox"/> NEW YEARS DAY	<input type="checkbox"/> TRUMAN DAY	<input type="checkbox"/> COLUMBUS DAY
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY	<input type="checkbox"/> MEMORIAL DAY	<input type="checkbox"/> VETERAN'S DAY
<input type="checkbox"/> LINCOLN'S BIRTHDAY	<input type="checkbox"/> JUNETEENTH	<input type="checkbox"/> THANKSGIVING DAY
<input type="checkbox"/> WASHINGTON'S BIRTHDAY	<input type="checkbox"/> INDEPENDENCE DAY	<input type="checkbox"/> CHRISTMAS DAY
<input type="checkbox"/> EASTER	<input type="checkbox"/> LABOR DAY	

SIGNATURE OF PARENT OR GUARDIAN	DATE
---------------------------------	------

**NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.**

**ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM**

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.