



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**

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

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ( )
NAME OF CHILD CARE CENTER			PHONE NUMBER ( )
CENTER CONTACT PERSON'S NAME		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE ↓	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?		WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
	CIRCLE	AM OR PM	CIRCLE	AM OR PM	
<b>MON</b>		AM PM		AM PM	
<b>TUES</b>		AM PM		AM PM	
<b>WED</b>		AM PM		AM PM	
<b>THURS</b>		AM PM		AM PM	
<b>FRI</b>		AM PM		AM PM	
<b>SAT</b>		AM PM		AM PM	
<b>SUN</b>		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 (JANUARY 1)               | <input type="checkbox"/> INDEPENDENCE DAY (JULY 4)   |
| <input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY) | <input type="checkbox"/> LABOR DAY (SEPTEMBER)       |
| <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)              | <input type="checkbox"/> THANKSGIVING DAY (NOVEMBER) |
| <input type="checkbox"/> MEMORIAL DAY (MAY)                      | <input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25) |

SIGNATURE OF PARENT OR GUARDIAN	DATE
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**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

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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)

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