



## Annual Enrollment Form

### Virginia Child and Adult Care Food Program

Center Information			
_____ <b>ACCA CHILD DEVELOPMENT CENTER</b> <i>Center Name</i>			
_____ <b>7200 Columbia Pike</b> <i>Center Address</i>	_____ <b>Annandale</b> <i>City</i>	_____ <b>VA</b> <i>State</i>	_____ <b>22003</b> <i>Zip Code</i>

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for children. Federal CACFP regulations require all parents or guardians to complete and review an annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care. **The parent or guardian must complete and ensure accuracy of Sections 1 through 5.**

This form is required for:	This form is NOT required for:
Child Care Centers, Head Start, and Even Start	At-Risk After-School, or Emergency Shelters, or Licensed Outside School Hours Programs

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK			4	MEALS RECEIVED
	_____ <i>Child's First Name</i>  _____ <i>Child's Last Name</i>  _____ <i>Date of Birth</i>		<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 <input type="checkbox"/> Sunday		TIME IN	TIME OUT	SPORADIC SCHEDULE		<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
					7:00 A.M.	5:30 P.M.			
				<b>Notes</b>					

5	Signature and Date		
	<p><i>I certify the information above is correct.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%; text-align: center;">           _____  <i>Signature of Parent or Guardian</i> </div> <div style="width: 20%; text-align: center;">           _____  <i>Date</i> </div> <div style="width: 30%; text-align: center;">           _____  <i>Parent's Telephone Number</i> </div> </div>		
	<p style="font-size: small;">I have received Building for the Future Flyer. I have received WIC At a Glance Letter. I have received FAMIS Virginia's Health Insurance Program for Children.</p>		

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