

**DELAWARE DEPARTMENT OF EDUCATION CHILD AND
ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM
Day Care Provider/Child Care Center**

Name: _____
Provider/Center's Name

Address: _____ **Telephone:** _____
Address

City: _____ **State:** _____ **Zip:** _____

Participant(s) Information

Name of CACFP Participant		Date of Birth		M/F (Circle)		
Hispanic/Latino	Not Hispanic/Latino	White	Black	American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	Asian
<i>(Choose one ethnicity)</i>		<i>(Choose one or more regardless of ethnicity)</i>				

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<i>(Choose one ethnicity)</i>		<i>(Choose one or more regardless of ethnicity)</i>				

Start Date: _____ **Shift work:** Yes No

Arrival Time: _____ AM/PM **Departure time:** _____ AM/PM
(Circle) (Circle)

Normal days of week Participant/s is/are in care: Mon Tues Wed Thu Fri Sat Sun
(Circle all that apply)

Meals eaten at Provider Home/Day Care Center: (Circle all that apply.)
 Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Parent/Guardian:

Name _____ **Telephone:** _____

Address: _____
City State Zip Code

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