

Child's Full Name:

Nutritional Information

Please Note: This information is required for all children enrolled in centers that participate in the Federal Food Program and must be updated annually each August.

Cilia 3 i ali Name.	
Enrollment Date:	
Date of Birth:	
Withdraw Date:	
Days of Normal Attendance (please ci	·cle all that apply):
M T W TH F	
Hours of Normal Attendance (ex. 7:00-5:00):	
Meals and snacks normally served to	he child while in care (please circle all that apply)
Breakfast Lunch PM Snack	
Does your child have any special dieta	ry needs? (please circle one) Yes No
If yes please explain:	
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Please Note: All allergies must have a physician's no	ote on file that lists the food item that the child is allergic to.
Daytime Phone Number:	
Parent/Guardian Signature:	
Printed Name:	
Date:	
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The Child and Adult Care Food Program (CACFP) is a federal program that provides meals and snacks to eligible children and adults in care settings. CACFP civil rights are the policies and procedures that ensure nondiscrimination in the administration of the program. CACFP operators must include the federal nondiscrimination statement in all public information and collect beneficiary data by racial or ethnic category each year. CACFP participants and applicants can file a complaint of discrimination to the USDA within 180 days based on one or more of the six protected bases: race, color, national origin, sex, age, or disability. CACFP staff and officials must receive civil rights training on federal laws, regulations, and policies¹.