

P.O. Box 862  
Payson, AZ 85547

1 (928) 468-8931

This institution is an equal opportunity provider.

1 (877) 468-8931

[childrenfirstcacfp.org](http://childrenfirstcacfp.org)

fax: 1-928-468-8351

[daycarechildrenfirst@hotmail.com](mailto:daycarechildrenfirst@hotmail.com)

**CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM**

Your child care provider \_\_\_\_\_ participates in the Child and Adult Care Food Program.  
(PROVIDER NAME)

The Child Adult Care Food Program (CACFP) extends the benefits of the National School Lunch program to children in family child care homes. Your child care provider participates in the CACFP and is sponsored by Children First.

Under the regulations of the Child and Adult Care Food Program **your provider** may not charge you separate fees for meals nor ask you to provide food for your child for those meals claimed under the program. A maximum of 2 meals and 1 snack or 2 snacks and 1 meal may be reimbursed per day for your child(ren) on the Child and Adult Care Food Program. Verification procedures may be conducted to insure that your provider's claims for reimbursement are consistent with child care services provided. As the sponsor for your provider, we must verify that your child is enrolled in the home for child care.

Please complete the following:

**I wish to enroll the following children in the CACFP:**

CHILD(REN'S) FULL NAME	BIRTH DATE	NAME OF SCHOOL <small>(enter "none" if applicable)</small>	SCHOOL HOURS <small>Meals served at school cannot be claimed by the child care provider:</small>

Is school year round?  Yes  No      Is transportation to/from school needed?  Yes  No

Infants 11 months and under list type of formula offered: \_\_\_\_\_  Accept  Decline (I will provide: \_\_\_\_\_)  Not applicable

Check meals served to your child while in day care:  Breakfast  Lunch  Dinner  Snacks

Days child care will normally be needed:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours child care will normally be needed from: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Will days and/or hours of care vary at any time?  Yes  No *If Yes, please explain:* \_\_\_\_\_

Holidays include Federal, State, and Local School District holidays or breaks. Will holiday care be needed?  Yes  No  
*If Yes, please explain:* \_\_\_\_\_

**If applicable provide permission for those who may pick up child/ren named above:**

First and Last Name \_\_\_\_\_ First and Last Name \_\_\_\_\_

*Call ahead and notify child care home if additional persons have permission to provide pick up.*

Check all that apply:	Permission			
	<input type="checkbox"/> Day Care Child <input type="checkbox"/> Provider's Own Child/Residential <input type="checkbox"/> For Compensation <input type="checkbox"/> Not for Compensation <input type="checkbox"/> New Enrollment <input type="checkbox"/> Continuing Enrollment	Permission for use of trampoline?	NA	Yes
	Permission for swimming activities?	NA	Yes	No
	Permission for transportation?	NA	Yes	No
	Permission to administer medication?	NA	Yes	No

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE      WORK PHONE #      HOME/MESSAGE PHONE

\_\_\_\_\_  
MAILING ADDRESS      CITY      ZIP      DATE

Racial-Ethnic Heritage of **YOUR** child(ren): Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please circle correct category below (if willing):

Black-not of Hispanic      Asian or Pacific      American Indian or      White-not of      Other  
Hispanic Origin      Islander      Alaskan Native      Hispanic Origin

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes. Arizona Department of Education - Health & Nutrition Services 1 (602) 542-8700  
White Copy: Mail to Children First Office.  
Yellow Copy: Provider to keep in (clear sleeve) Child Care Manual, Retain Records for 5 years.