

Neighbors In Need Of Services, Inc. (NINOS)
Head Start/Early Head Start Program

Free Full Meal Reimbursement CACFP Enrollment Form

The following forms (CACFP Enrollment and Acknowledgement of Parents) collect the child's information required by the Child and Adult Care Food Program (CACFP). This addendum must be completed upon enrollment. Once this form is completed, the child will be enrolled in the program. When the child leaves the program, the child's last day must be entered in this form.

Child's Name: _____ CPID: _____

Center Name: _____ Class ID Enrolled: _____

The section below must be handwritten by the parent/guardian.

Date of Enrollment: _____ Date of Withdrawal: _____

Child's Date of Birth: _____ Age of Child: _____

Meals/snacks normally served to the child while in HS/EHS care (mark all that apply):

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Days and hours the child is normally in HS/EHS care:

Days (circle all that apply): M T W TH F Hours _____ AM to _____ PM

Service Provided: Full-day Part-day Hours of Service _____

Parent Certification

I _____ have been informed and have received the Parent Community Grievance Procedures, WIC and Building for the Future (each in English and Spanish).

Staff Certification

I _____ have provided the above-named Parent/Legal Guardian the Parent Grievance Procedures, WIC and Building for the Future (each in English and Spanish).

Parent Signature: _____ Date of Signature: _____

Staff Signature: _____ Date of Signature: _____