# Virginia Child and Adult Care Food Program (CACFP)
# (Child) Annual Enrollment Form (AEF)

## CENTER/PROVIDER COMPLETE THIS SECTION

| | | | |
|---|---|---|---|
| *Center/Provider Name* | | | |
| | | VA | |
| *Street Address* | *City* | *State* | *Zip Code* |

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below**.

| This form is required for: | This form is NOT required for: |
|---|---|
| Child Care Centers, Family Day Care Homes | Outside School Hours Care Centers, Emergency Shelters |

| 1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | 2 DAYS OF WEEK IN ATTENDANCE | 3 TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK | | | 4 MEALS RECEIVED |
|---|---|---|---|---|---|
| | ☐ Monday | TIME IN | TIME OUT | SPORADIC SCHEDULE (no set schedule of days) | ☐ Breakfast |
| *Child's First Name* | ☐ Tuesday | | | | ☐ AM Snack |
| | ☐ Wednesday | | | | ☐ Lunch |
| *Child's Last Name* | ☐ Thursday | | | | ☐ PM Snack |
| | ☐ Friday | NOTES: | | | ☐ Supper |
| *Date of Birth (mm/dd/yyyy)* | ☐ Saturday | | | | ☐ EV Snack |
| | ☐ Sunday | | | | |
| *Age* | | | | | |

**5 Parent/Guardian Signature and Date:** ***By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.***

| | |
|---|---|
| ***Printed Name:*** | ***Signature:*** |
| ***Street Address:*** | ***City, State, Zip Code:*** |
| ***Phone Number HOME / WORK / CELL (circle one):*** | ***Date:*** |

**Nondiscrimination Statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color , national origin , sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

**6 Ethnic and Racial Identification:** ***Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races***

### ETHNIC IDENTIFICATION

☐ **Hispanic , Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic, Latino or Spanish origin**

☐ **I decline to answer.**

### RACIAL IDENTIFICATION

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).

☐ **Black, African American, or Haitian:** A person having origins in any of the black racial groups of Africa.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **I decline to answer.**

NOTES:

***Information on this form must be kept confidential.***

| **Child Care Representative Use Only** | |
|---|---|
| **Effective Date of This Enrollment Form:** | ***The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.*** |
| ***(mm/dd/yyyy)*** | |
| **Effective Withdrawal Date of This Enrollment Form:** | |
| ***(mm/dd/yyyy)*** | |
| | |
| ***Printed Name of Center Representative*** | ***This form is effective for 12 months from the date of parent signature.*** |
| | |
| ***Signature of Center Representative*** | |

CONFIDENTIAL

**This institution is an equal opportunity provider.**