New Jersey Department of Agriculture – Division of Food and Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

2027 ENROLLMENT FORM

REQUIREMENTS:

a. All types of CACFP child and adult care centers, including Head Start centers, and family day care homes are required to have a completed CACFP Enrollment Form on file or a completed Enrollment Information section on an FY2027 CACFP Eligibility Application to document current enrollment hours and days of the week, including meal type(s) participation for each enrolled child or adult. Siblings or spouses must have a separate enrollment form as attendance at the center may be different.

b. The CACFP Enrollment Form is valid for 12 months following the month a parent, participant, or legal guardian signed and dated the form. (For example, if a parent, participant, or legal guardian signed and dated the enrollment form on 7/31/2026; the form would expire on 7/31/2027). CACFP Enrollment forms must be completed annually by a parent, participant, or legal guardian when a participant eligibility application is not completed, (eligibility application includes enrollment information).

c. The following CACFP program types DO NOT need CACFP Enrollment forms:

Outside-School-Hours Programs
At-Risk Afterschool Meal Programs
Emergency Shelter Programs

ENROLLMENT FORM REMINDERS:

- List one child or adult per enrollment form.
- All parts of the enrollment form are to be completed by the parent, participant, or legal guardian including normal days and hours of care, and which meal types the participant will participate in during the day or night.
- If a parent or legal guardian's work schedule varies frequently thus a child participant's attendance pattern will also change frequently, then the parent should check the box at the bottom of the chart. The parent or legal guardian is not required to complete another enrollment form but may elect to if the enrollment information changes during the year.
- For ease of collection, it is highly recommended that institutions/facilities distribute annual CACFP enrollment forms to parents/guardians at the same time as the annual Institution forms are distributed, so that it is more likely that the forms would expire on the same date.

ATTACHMENTS:

State Agency Required CACFP Enrollment Blank Form
Example of completed CACFP Enrollment Form

New Jersey Department of Agriculture – Division of Food and Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

2027 ENROLLMENT FORM

Required Form for use by Child Care Centers, Adult Day Care Centers, and Head Start Programs

CACFP programs exempt from having an enrollment form on file are Emergency Shelters, Outside-School-Hours, At-Risk Afterschool Programs

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the childcare or Head Start center.

List the child's or adult's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If the schedule listed will frequently vary due to changes in parent/guardian schedule, check the box below the chart. If the child comes before and after school, list the hours in care for both the morning and afternoon.

CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the adult participant or the child's parent or legal guardian.

FACILITY NAME

PARTICIPANT NAME (please print)	**AGE**	**BIRTHDATE** / / month / day / year

CHECK THE NORMAL DAYS AND HOURS THE CHILD OR ADULT PARTICIPANT IS ENROLLED IN CARE

Check (✓) Days Child Normally in Care		**List Hours Adult / Child Normally in**				**Check (✓) Meals Normally Receives while in Care**					
		Arrive	**Depart**	**Arrive**	**Depart**	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**	**Evening Snack**
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

☐ **Yes, the schedule listed above may frequently vary due to changes in parents' or legal guardians' work schedules.**

SIGNATURE OF PARENT/PARTICIPANT/GUARDIAN	**DATE**	**DAY PHONE NUMBER**

MAILING ADDRESS:

STREET /APT. **CITY** **ZIP CODE**

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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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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New Jersey Department of Agriculture – Division of Food and Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

2027 ENROLLMENT FORM ~ SAMPLE

Required Form for use by Child Care Centers, Adult Day Care Centers, and Head Start Programs

CACFP programs exempt from having an enrollment form on file are Emergency Shelters, Outside-School-Hours, At-Risk Afterschool Programs

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.

List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. If the schedule listed will frequently vary due to changes in parent/guardian schedules, check the box below the chart.

If the child comes before and after school, list the hours in care for both the morning and afternoon.

CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the adult participant or the child's parent or legal guardian.

FACILITY NAME *Sunshine Child Care*

CHILD'S NAME (please print)	**AGE**	**BIRTHDATE**
JENNA JONES	3	01/ 01/ 2023 (month / day / year)

CHECK THE NORMAL DAYS AND HOURS THE CHILD OR ADULT PARTICIPANT ENROLLED IN CARE AND THE MEALS RECEIVED WHILE IN CARE

Check (✓) Days Child Normally in Care		List Hours Adult or Child Normally in				Check (✓) Meals Normally Received while in Care					
		Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	7:00 AM	8:15 AM	4:15 PM	6:00 PM	✓			✓		
Tuesday	✓	7:00 AM	8:15 AM	4:15 PM	6:00 PM	✓			✓		
Wednesday	✓	7:00 AM	8:15 AM	4:15 PM	6:00 PM	✓			✓		
Thursday	✓	7:00 AM	8:15 AM	4:15 PM	6:00 PM	✓			✓		
Friday	✓	7:00 AM	8:15 AM	4:15 PM	6:00 PM	✓			✓		
Saturday											
Sunday											

☒ Yes, the schedule listed above may frequently vary due to changes in parents' or legal guardians' schedules.

SIGNATURE OF PARENT/GUARDIAN	**DATE**	**DAY PHONE NUMBER**
Maria Jones	*10/11/2026*	*(607) 111-2345*

MAILING ADDRESS:

STREET/APT. *123 West Ave.* **CITY** *Columbus* **ZIP CODE** *08022*

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SM/NC/6.10.2026