Child and Adult Care Food Program (CACFP)

Center Enrollment Form

PART 1: NAME & ADDRESS

FACILITY NAME:
FACILITY NAME (continued):
ADDRESS:
SUITE # OR FLOOR:
CITY: [redacted] **STATE:** [redacted] **ZIP CODE:**

PART 2: CONTACT INFORMATION

FIRST NAME OF PRIMARY CONTACT:	**DATE OF BIRTH:**
LAST NAME OF PRIMARY CONTACT:	**MM** [redacted] **DD** [redacted] **YY**

TITLE:

EMAIL ADDRESS:

TELEPHONE: – [redacted] **FAX:** – [redacted]

PART 3: PROGRAM INFORMATION

Which programs are offered in this facility? (*Check ✓ all that apply*)

24-Hour Care	Infant Care *(Under 12 months)*	Child Day Care	Head Start	Before-School Care	After-School Care	Adult Day Care
☐	☐	☐	☐	☐	☐	☐

Hours of Operation *(Write In Times)*:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START:	START:	START:	START:	START:	START:	START:
END:	END:	END:	END:	END:	END:	END:

Months of Operation:		[redacted]	**Nonprofit Status:**	
September- June *(Closed in Summer)*	Year-Round		Non-Profit	For Profit
☐	☐		☐	☐

Enrollment Statistics *(Write In # of Children/Adults in each category)*:

Total # of Children Enrolled	Asian	Black or African American	White or Caucasian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Hispanic or Latino

Child and Adult Care Food Program (CACFP)
Validation of Center/Home Staff

Purpose: State Agencies are required to validate day care staff at new center/home facilities requesting participation and approval in the CACFP according to 7 CFR Part 226.6(k)(3)(xii)*: Presence on the National Disqualified List.*

Instructions: When adding new homes or centers for CACFP participation under sponsors' agreement, CACFP sponsors are to complete, in the sections applicable, the names, addresses, and birth dates of executive directors, owners, and employees of the new facility. This completed form is to accompany the required documents for new sites: licenses (homes and centers); 501(c)(3) (non-profit centers); alphabetized list of enrolled children, CCIS Provider Payment Summary or Free/Reduced Meal Benefit Forms (For-Profit centers).

Please complete the applicable section:

SPONSOR NAME: Lemons Inc. _____

AGREEMENT #: _____

Non-Profit Agency-Site Name: _____

FEIN#_____

	Name	Address	Birth Date
Executive Director			
Center Director			

For-Profit Agency-Site Name: _____

FEIN#: _____

	Name	Address	Birth Date
Owner			
Owner			
Director			

Day Care Home

	Name	Address	Birth Date
Provider			
Employee			