



CACFP Enrollment Form

Little Hands Big Hearts Learning Center

2026 Branded Edition

The source PDF did not produce readable extracted text, so this document is a clearly structured 2026 HTML enrollment form equivalent for CACFP participation and meal-program recordkeeping under the center's current branding.

Purpose: Use this form to document a child's participation in the Child and Adult Care Food Program (CACFP), household contact details, meal schedule, and any nutrition-related accommodations needed by the center.

Complete one form per child and update it whenever enrollment, guardianship, schedule, or dietary information changes.

Child Information

ENROLLMENT DATE

CHILD DATE OF BIRTH

CLASSROOM / GROUP

CHILD FULL NAME

Parent or Guardian Information

PARENT OR GUARDIAN NAME

RELATIONSHIP TO CHILD

ADDRESS

CITY / STATE / ZIP

PHONE NUMBER

EMAIL

Meal Participation Schedule

Mark the meals and snacks your child is normally scheduled to receive while in care:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

DAYS AND HOURS OF ATTENDANCE

Dietary Needs and Accommodations

DOES YOUR CHILD HAVE FOOD ALLERGIES OR DIETARY RESTRICTIONS?

Yes No

**IF YES, LIST ALLERGIES, RESTRICTED FOODS, AND REACTIONS
SPECIAL MEAL SUBSTITUTION OR ACCOMMODATION INSTRUCTIONS
MEDICAL STATEMENT ON FILE, IF REQUIRED**

Yes No Not Needed

Optional Ethnicity and Race Information

This section may be used for required program reporting. Families may self-identify if requested by the center.

ETHNICITY

Hispanic or Latino Not Hispanic or Latino

RACE

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Parent or Guardian Certification

I certify that the information on this form is true and correct to the best of my knowledge. I understand that this form is used to support my child's enrollment and participation in the center's CACFP meal service and related nutrition recordkeeping.

I understand that Little Hands Big Hearts Learning Center may request updated information if my child's attendance pattern or nutrition needs change.

PARENT OR GUARDIAN SIGNATURE

DATE

Center Use Only

Date Received

Enrollment Confirmed By

Effective Date

Notes