

**New Jersey Department of Agriculture – Division of Food and Nutrition**

**CHILD AND ADULT CARE FOOD PROGRAM**

**2026 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 FY2026 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 7/31/2025; the form would expire on 7/31/2026). 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

2026 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

Table with columns for days of the week, arrival/departure times, and meal types (Breakfast, AM Snack, Lunch, PM Snack, Supper, Evening Snack).

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

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.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (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

2026 ENROLLMENT FORM ~ SAMPLE

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

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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) JENNA JONES AGE 3 BIRTHDATE 01/ 01/ 2022 month / day / year

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

Table with columns: Check (✓) Days Child Normally in Care, List Hours Adult or Child Normally in (Arrive, Depart), Check (✓) Meals Normally Received while in Care (Breakfast, AM Snack, Lunch, PM Snack, Supper, Evening Snack). Rows for Monday through Sunday.

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

SIGNATURE OF PARENT/GUARDIAN Maria Jones

DATE 10/11/2025

DAY PHONE NUMBER (607) 111-2345

MAILING ADDRESS:

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

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