

CACFP "AT-RISK" AFTERSCHOOL PROGRAM ENROLLMENT RECORD

SPONSOR NAME: _____ AGREEMENT # _____ - _____ - _____

**Annual Enrollment Date For Participation In Food Program\ **Age of Child at Date of Enrollment*

Name of Enrolled Participant <i>(Last Name, First Name)-**AGE</i>	Date of * CACFP Enrollment <i>(Month/Yr)</i>	Date of CACFP Withdrawal <i>(Month/Yr)</i>	MEAL TYPES SERVED				HOURS OF CARE <i>Time: (From - To)</i>	DAYS OF CARE <i>(Check (✓) All That Apply)</i>											
			B	L	D	S		M	T	W	TR	F	S	SU					
			<i>B=Breakfast</i>	<i>L=Lunch</i>	<i>D=Dinner</i>	<i>S=Snack</i>		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>					
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Effective Date: _____

Total Enrollment = _____

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			B	L	D	S		M	T	W	TR	F	S	SU
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