

Maryland State Department of Education  
 Office of School and Community Nutrition Programs  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**BAIS YAAKOV PRESCHOOL PARK HEIGHTS AVE.**

**ENROLLMENT FORM**

**Instructions for Completion:** • All parents/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP. List the child's name, age, birthdate, the days and hours normally in care, and the meals received while in care. CACFP Federal regulations require that an enrollment form be completed annually and signed by the child's parent or guardian.

Bais Yaakov Early Learning Center / Preschool @ Park Heights Ave			
1. Child's Name:			Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care <small>(For example 7:30 AM -5 PM)</small>	Hours from: 8:45-to 3:30	Check (✓) the days your child normally attends:  Monday Tuesday Wednesday Thursday Friday	Check (✓) the meals that your child will receive while in care:  Lunch PM Snack
2. Child's Name:			Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care <small>(For exampfe 7:30 AM -5 PM)</small>	Hours from: 8:45-3:30	Check (✓) the days your child normally attends:  Monday Tuesday Wednesday Thursday Friday	Check (✓) the meals that your child will receive while in care:  Lunch PM Snack

Parent/Guardian Signature

Date Signed

Parent/Guardian's Name:

Phone: