CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE ENROLLMENT SUMMARY

Sponsoring Organizations must keep this form on file for review by the CACFP *Annual enrollment date for participation in food program

Provider's Name:	Provider's Birth date:							
Registration Number:	Expiration Date:							
This Provider is participating in CACFP Family Day Care for the first time: Yes No								
Approved Days (circle all that apply): M T W TH F Sat	Sun Hours of Operation:							
Approved Meals: (check all that apply) Breakfast AM Supple	ment							
Column 1: List enrolled children.								
Column 2: List the date of birth.								
Column 3: List the enrollment codes: P=Provider's Own Child; F=Foster Child; D=Disabled Child (over age 12); M=Migrant Child (under age 16)								
Column 4: List date of the annual Enrollment Form.								
Column 5: List date of the Household Contact.								
Column 6: List date the enrolled child(ren) withdrew from Family Day Care Food Program.								
Column 7: List date of annual Eligibility Application.								
Columns 8 & 9: Check eligibility determination. An "eligible of and "ineligible" determinations equate to 'tier								
Column 10: Circle requested meal types.								
Column 11: List hour of care.								

Eligibility Requirements

1. Name of Enrolled Participant	2. Date of Birth	3. Enrollment Codes	4. Date of Enrollment Form	5. Date of Household Contact	6. Date of FDCFP Withdrawal	7. Date of Eligibility Application	8. Eligible (Tier 1 rates)	9. Ineligible (Tier 2 rates)	10. Meal Types	11. Hours of Care
1									BALPDE	
2									BALPDE	
3									BALPDE	
4									BALPDE	
5									BALPDE	
6									BALPDE	
7									BALPDE	
8									BALPDE	
9									BALPDE	
10									BALPDE	
11									BALPDE	
12									BALPDE	

Effective Date:	Total Enrollment #	Eligible #	Ineligible #		
(USE PENCIL: REVISE TOTALS MONTHLY)					
STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE / DIVISION OF FOOD AND NUTRITION PROGRAMS / CACFF					

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