

# Child and Adult Care Food Program

## Adult Enrollment Form

(one form per participant)

Enrollment Date: \_\_\_\_\_

Sponsoring Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Adult Participant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Is this address the participant's home residence? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is this address the participant's group living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Hours of Care** (write in times)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:	Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:	End:

**Daily Expected Meal Service Participation** (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Parent/Client/Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Center Administrator

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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