Keep This Form On File For Review By The CACFP

## CACFP "AT-RISK" ENROLLMENT RECORD

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STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE / Division of Food and Nutrition / Child and Adult Care Food Program

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SPONSOR NAME: \_

## CACFP "AT-RISK" ENROLLMENT RECORD

\_\_\_\_\_ - \_\_\_\_ AGREEMENT # \_\_\_\_ - \_\_\_ - \_\_\_

Name of Enrolled Participant		*Annual Enrollment of Date of * CACFP Enrollment	<b>Date For Pa</b> Date of  CACFP  Withdrawal	articipation In Food MEAL TYPES SERVED				Program HOURS OF CARE	DAYS OF CARE (Check (✓) All That Apply)						
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**Effective Date:** 

Total Enrollment =