CACFP "AT-RISK" ENROLLMENT RECORD

SPONSOR NAME: _____ **AGREEMENT #** _____ **-** _____ **-** _____

***Annual** Enrollment Date For Participation In Food Program*

Name of Enrolled Participant	Date of * CACFP Enrollment	Date of CACFP Withdrawal	MEAL TYPES SERVED				HOURS OF CARE	DAYS OF CARE *(Check (✓) All That Apply)*						
(Last Name, First Name)	*(Month/Yr)*	*(Month/Yr)*	**B**	**L**	**D**	**S**	*Time: (From - To)*	M	T	W	TR	F	S	SU
			B=Bkfst	*L=Lnch*	*D=Diner*	*S=Snack*		*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
26.														
27.														
28.														
29.														
30.														
31.														
32.														
33.														
34.														
35.				**B**	**L**	**D**	**S**	*Time: (From - To)*	M	T	W	TR	F	S	SU
			B=Bkfst	*L=Lnch*	*D=Diner*	*S=Snack*								

Effective Date: _____   **Total Enrollment =** _____

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

CACFP "AT-RISK" ENROLLMENT RECORD

SPONSOR NAME: _____   **AGREEMENT #** ____ - ____ - ____

Annual Enrollment Date For Participation In Food Program

Name of Enrolled Participant	Date of * CACFP Enrollment	Date of CACFP Withdrawal	MEAL TYPES SERVED				HOURS OF CARE	DAYS OF CARE (Check (✓) All That Apply)						
(Last Name, First Name)	*(Month/Yr)*	*(Month/Yr)*	**B**	**L**	**D**	**S**	*Time: (From - To)*	M	T	W	TR	F	S	SU
			B=Bkfst	L=Lnch	D=Dinner	S=Snack		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
26.														
27.														
28.														
29.														
30.														
31.														
32.														
33.														
34.														
35.														

Effective Date: _____   **Total Enrollment =** _____

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