	SPONSOR NAME:							AGR	EEM	ENT	#			-	_
	* <u>Annual</u> Enrollment	Date For Par	ticipation l	n Fo	od Pr	ogra	m\ **.	Age of Child at D	)ate (	of En	rolln	nent			
Name of Enrolled Participant		Date of * CACFP Enrollment	Date of CACFP Withdrawal	MEAL TYPES SERVED				HOURS OF CARE		DAYS OF CARE ( <u>Check (✔) All That Apply)</u>					
	(Last Name, First Name)-**AGE	(Month/Yr)	(Month/Yr)	B B=B	<b>L</b> fst L=Lnch I	D D=Dimer 1	S S=Srack	Time: ( From - To)	M Manday	T Tuexchy	W Watnesskry	TR These by		S Saturckay	SU Sintiy
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Effective Date:

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Total Enrollment =

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

## CACFP "AT-RISK" AFTERSCHOOL PROGRAM ENROLLMENT RECORD

SPONSOR NAME:	

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

* <u>Annual</u> Enrollment Date For Participation In Food Program															
N	lame of Enrolled Participant	Date of * CACFP Enrollment	MEAL TYPES SERVED				HOURS OF CARE	DAYS OF CARE (Check (✓) All That Apply)							
	(Last Name, First Name)	(Month/Yr)	(Month/Yr)	<b>B</b> <i>B=B</i>	L Ifst L=Lndn	D D=Dimer	S S=Snak	Time: ( From - To)	M Manday	T Tuextay	W Wathesity	TR Thioseby	F Fricky	S Saturday	SU Sinty
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Effective Date:

Total Enrollment =

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