

Parent CACFP Participation Decline Form

Note: This form applies only to parents wishing to decline their child(ren)'s participation in the Child & Adult Care Food Program.

Dear Parent:

The below named provider participates in the Child & Adult Care Food Program (CACFP), which is a USDA child nutrition program that reimburses the provider for meals served the children in care when USDA nutrition requirements are met. Providers participating with the CACFP must agree to serve meals to all children in care without regard to race, color, national origin, sex, age or disability. By signing the form below, you acknowledge that you have been informed of this non-discrimination requirement, and that you have decided that you do not want your child(ren) enrolled in the CACFP.

I have declined participation for my child(ren) in the USDA Child & Adult Care Food Program.

Effective Date: _____

Check one All meals/snacks
 If Not, specify _____

Parent's Signature: _____

Parent's Name: _____
(please print)

Child(ren)'s Name(s): _____ CE # _____
(please print)

Parent's Address: _____
(street address) (city) (zip)

Provider's Name: _____ Provider Number: _____
(please print)

USDA is an equal opportunity provider and employer.