

## **CHILD PARTICIPATION FORM**

**PURPOSE:** Parent/Guardian completes when child requires a change in normal hours or meals received while in care

**Parent/Guardian** must complete

- Name of Child and Provider
- Top portion: Complete if **normal hours** of care are the same Monday-Friday and check **meals** child will receive
- Lower portion: Complete only if **child care hours** are not the same every day and check meals child will receive
- Signature: Parent Signature & Date Required
- Parent Print Name & Phone Number

**Provider:** Is responsible for insuring that this form is completed accurately before sending to CCFP and must keep a copy in the Child Care Food Program Binder

**DEADLINE:** Submit to the CCFP Office ASAP or no later than the 3<sup>rd</sup> day of the requested change in child's schedule.



## CHILD PARTICIPATION FORM

Name of Provider: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Name of Child: \_\_\_\_\_

**If child care hours are the same every day, please complete this chart.**

Day	Normal Hours in Care	Meals Normally Received While In Care
Mon - Fri	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

**OR**

**If child care hours are not the same every day, please complete this chart.**

Monday	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Tuesday	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Wednesday	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Thursday	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Friday	a.m.                      a.m. _____ p.m. to _____ p.m. <i>(Circle a.m. or p.m.)</i>	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_