## **Florida Department of Health**

**Child Care Food Program** 

## **Child Participation Form**

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

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.

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.	Breakfast AM Snack Lunch PM Snack Supper Eve Snack
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.	Breakfast  AM Snack  Lunch  PM Snack  Supper Eve Snack
Tuesday	a.m. a.m. p.m. to p.m.	Breakfast  AM Snack  Lunch  HM Snack  Supper Eve Snack
Wednesday	a.m. a.m. p.m. to p.m.	Breakfast  AM Snack  Lunch  PM Snack  Supper Eve Snack
Thursday	a.m. a.m. p.m. to p.m.	Breakfast AM Snack Lunch PM Snack Supper Eve Snack
Friday	a.m. a.m. p.m. to p.m.	Breakfast  AM Snack  Lunch  PM Snack  Supper  Eve Snack
Saturday	a.m. a.m. p.m. to p.m.	Breakfast  AM Snack  Lunch  PM Snack  Supper Eve Snack
Sunday	a.m. a.m. p.m. to p.m.	Breakfast  AM Snack  Lunch  PM Snack  Supper Eve Snack

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

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

Printed Name: \_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_ I-108-01