Florida Department of Health Child Care Food Program

Child Participation Form

Name of Child:		_ Name of Facility:
	, which reimburses child care	that your child may participate in the Child Care e providers for serving nutritious, well-balanced meals
If child care	hours are the same every	y 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 ☐ PM 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 h	ere if your child has no re	egularly scheduled hours of care
Signature of P	arent/Guardian:	Date:
Printed Name	:	Phone Number: 1-10