

CCFP Enrollment Form 9/01/2024-08/31/2025

Provider's Signature _____ Provider's Phone _____

To Parent/Guardian,

Date of Revision _____

Your child care provider participates in the USDA Child Care Food Program, which provides reimbursement for healthy meals and snacks served to children under the age of 13. By having your child on the CCFP you no longer bring milk or food for meals claimed by the day care home. The provider is able to serve nutritious meals without passing the cost on to you. Through the work of the day care provider and your cooperative efforts your child can begin developing good eating habits that will last a lifetime, assuring that your child will be meeting his/her nutritional needs to grow healthy and strong.

The CCFP is operated in accordance with state policy, which does not permit discrimination because of race, color, national origin, sex, age, religion or handicap. If there is any reason your child should not eat the required foods, a medical statement from your doctor is necessary.

CCFP meal requirements are...Breakfast: milk, fruit, grain; Lunch or Supper: milk, 2 fruit/vegetable, protein, grain; and Snack: any 2 food groups.

Agencies to contact if necessary are: Dept. of Health, Bureau of Child Nutrition Programs, 4052 Bald Cypress Way, Bin #A-17, Tallahassee, FL 32399-1727, (850) 245-4360, or Child Watch, Inc., P.O. Box 15697, Sarasota, FL 34277, (941) 365-KIDS.

Please complete and sign the following enrollment form:

Date of Enrollment _____

Child's Name _____ Date of Birth ____/____/____ Age _____

Normal Days in Care (circle): M T W Th F S Normal Hours of Care: From _____ to _____

Or

If no normal days describe your schedule: _____

And

Does your child need a medical statement to participate? Yes _____ No _____

Meals Normally provided while in care : Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐

List any known food allergies, special needs or requirements for feeding your child _____

Parent/Guardian Name (please print) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

I have read and received a copy of this enrollment form.

Parent/Guardian Signature _____ **Date** _____☐ Check here and Sign/Date above if child does not receive meals while in care.

Racial/Ethnic Identity of Child: You are not required to answer this section:

- ☐ White ☐ Black/African American ☐ Hispanic ☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native ☐ Other