

# CCFP Enrollment Form 9/01/2023-08/31/2024

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