

# Florida Department of Health

## Child Care Food Program

### Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: Tyndall Child Development Center

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	6:00 a.m. to 5:30 p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>

**OR**

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

Monday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Tuesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Wednesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Thursday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Friday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Saturday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Sunday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve 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: \_\_\_\_\_