Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: **Small World Daycare & Learning 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	_____ a.m./p.m. to _____ a.m./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./p.m. to _____ a.m./p.m.	Breakfast ☐ AM Snack Lunch ☐ PM Snack ☐ Supper Eve Snack
Tuesday	_____ a.m./p.m. to _____ a.m./p.m.	Breakfast ☐ AM Snack Lunch ☐ PM Snack ☐ Supper Eve Snack
Wednesday	_____ a.m./p.m. to _____ a.m./p.m.	Breakfast ☐ AM Snack Lunch ☐ PM Snack ☐ Supper Eve Snack
Thursday	_____ a.m./p.m. to _____ a.m./p.m.	Breakfast ☐ AM Snack Lunch ☐ PM Snack ☐ Supper Eve Snack
Friday	_____ a.m./p.m. to _____ a.m./p.m.	Breakfast ☐ AM Snack Lunch ☐ PM Snack ☐ Supper Eve Snack
Saturday	***CLOSED***	
Sunday	*CLOSED*	

☐ **Check here if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____ I-108-01