



Child Participation Form

Name of Facility: Bannerman 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 the child care.

Name of child: _____

If child care hours are the same every day, please complete this chart.		
Day	Normal hours in care	Meals received while in care
Mon – Fri	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Tuesday	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Wednesday	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Thursday	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Friday	____ a.m. to ____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Phone #: _____