

Sample

# 2007 Child Registration Letter

(Effective 10/1/06 through 9/30/07)

White/Original: Office  
Yellow: Provider  
Pink: Parent

Name of Day Care Provider

Linda Smith

License # DG11000000

Dear Parent:

The Day Care Home Provider listed above participates in the Child Care Food Program, a nutrition program funded by the United States Dept. of Agriculture and sponsored by MMCCC, Inc. The purpose of this program is to promote good eating habits among children. As a participant, your day care home provider has agreed to follow USDA minimum standards in the planning and serving of meals to the children in the day care program.

As one of the conditions of participation, your day care provider is required to furnish our office with verification of enrollment of your children in the day care program. Please complete all of the necessary information requested below, sign it, and return to your day care provider. This information is needed to conduct and to verify compliance with CCFP regulations.

### THE FOLLOWING MUST BE COMPLETED BY PARENT OR GUARDIAN - PLEASE PRINT

Name of Parent or Legal Guardian <b>Joan Doe</b>			Home Phone (989) 111-1111		
Address <b>123 Doe St.</b>			Work Phone (989) 222-2222		
City <b>Doeville</b>	State <b>MI</b>	Zip <b>48777</b>			
Email Address:					

1. Child's First Name <b>Beth</b>	Child's Last Name <b>Doe</b>	Age <b>7</b>	Birthdate <b>11/11/1999</b>	1st Date of Child Care <b>11/11/00</b>	Is This a Foster Child? Yes <input type="radio"/> No <input checked="" type="radio"/>
Please circle the days your child is in the provider's day care home <input checked="" type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F SAT SUN		Arrival Time Write in times, we cannot accept "varies." <b>7</b> <input checked="" type="radio"/> AM or PM	Departure Time Write in times, we cannot accept "varies." <b>8</b> AM or <input checked="" type="radio"/> PM	Circle Meals Provider will Normally serve to Child: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Eve Snack	
Name of public/private school child attends <b>Doeville Elementary</b>	Days child attends school <input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> F	Time child leaves day care for school <b>730 am</b>	Time child returns to day care from school <b>330 pm</b>		
School District: <b>Doeville Public</b>		Is this child considered "Special Needs"? Yes <input type="radio"/> No <input checked="" type="radio"/>			

2. Child's First Name	Child's Last Name	Age	Birthdate	1st Date of Child Care	Is This a Foster Child? Yes No
Please circle the days your child is in the provider's day care home M T W Th F SAT SUN		Arrival Time Write in times, we cannot accept "varies." AM or PM	Departure Time Write in times, we cannot accept "varies." AM or PM	Circle Meals Provider will Normally serve to Child: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack	
Name of public/private school child attends	Days child attends school M T W Th F	Time child leaves day care for school	Time child returns to day care from school		
School District:		Is this child considered "Special Needs"? Yes No			

- Is your child(ren) living at the day care provider's home? YES  NO
- Is this day care provider related to your child(ren)? YES  NO
- I grant Mid Michigan Child Care Centers, Inc. permission to use my child's photograph for publicity.  YES NO
- Optional: Race -- Please check your child's racial or ethnic group. You are not required to answer this question. We use this information to be sure everyone receives benefits on a fair basis.  
( ) White, not of Hispanic origin ( ) Black, not of Hispanic origin ( ) Hispanic (x) Asian or Pacific Islander ( ) American Indian or Alaskan Native

- For each holiday that your child is in the provider's care, you must submit a note authorizing attendance for that day.
- If you remove your child(ren) from this day care home, please call our office.

I hereby certify that the information on this sheet is true and correct to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN Beth Doe DATE 9-20-05

In the operation of the Child Care Food Program no Child will be discriminated against because of race, color, national origin, sex, age or disability. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, D.C.20250.

Mid Michigan Child Care Food Program • Mid Michigan Child Centers, Inc.  
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