Center Child Registration Letter

Name of Center	License #	ID #

Dear Parent:
The Child Care Center listed above participates in the Child and Adult Care Food Program (CACFP), a nutrition program funded by the United States Dept. of Agriculture and sponsored by Mid Michigan Child Care Centers, Inc. The purpose of this program is to promote good eating habits among children. As a participant, your child care center has agreed to follow USDA minimum standards in the planning and serving of meals to the children in the child care program.
As one of the conditions of participation, your child care center 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 child care center. This information is needed to conduct and to verify compliance with CACFP regulations.

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

Name of Parent or Legal Guardian			Home Phone ( )
Address			Work Phone ( )
City	State	Zip	Alternate Phone ( )
Email Address:			

1. Child's First Name	Child's Last Name	Age	Date of Birth	Classroom (if applicable)	Gender M F

Please circle the days your child is in the day care center 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 the center 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

Is this child a foster child? Yes No	Does the child have "special needs" and would need care after the age of 12? Yes No

2. Child's First Name	Child's Last Name	Age	Date of Birth	Classroom (if applicable)	Gender M F

Please circle the days your child is in the day care center 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 the center 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

Is this child a foster child? Yes No	Does the child have "special needs" and would need care after the age of 12? Yes No

Ethnicity (select one): ( )Hispanic or Latino ( ) Not Hispanic or Latino

Race (select one or more): ( )American Indian or Alaskan Native ( )Native Hawaiian or Other Pacific Islander ( )Asian
( )White ( )Black or African American

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

SIGNATURE OF PARENT OR GUARDIAN_____ **DATE**_____

This institution is an equal opportunity provider.

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