9 New Child Registration Letter
9 Updated Child Registration Letter

Child Registration Letter

White/Original: Office Yellow: Provider

Name of Provider	License #	ID #

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						Home Phone ()			
Address					Work	Phone ()			
City	State		Zip						
Email Address:									
1. Child's First Name Child's Last Name		ast Name		Age Date of Birth		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			Write in times,	-	Ŵı	arture Time rite in times, ot accept "varies."	Circle meals provider will normally serve to child: Breakfast AM Snack Lunch		
M T W Th F SAT	SUN		AM o	r PM	AM or PM		PM Snack Dinn		
Name of public/private school child attends					hild leaves day	y care for school	Time child returns to day care from school		
	M T	W Th	F						
School District: 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	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			Time c	child leaves day	y care for school	Time child returns to day care from school		
	M T	W Th	n F						
School District: Does the child have "special needs" and would need care after the age of 12? Yes						12? Yes No			

1. Is your child(ren) living at the day care provider's home? YES NO

2. Is this day care provider related to your child(ren)? YES NO

3. I grant Mid Michigan Child Care Centers, Inc. permission to use my child's photograph for publicity. YES NO

4. Optional: You are not required to answer this question. We use this information to be sure everyone receives benefits on a fair basis.

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

• 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

DATE

This institution is an equal opportunity provider.

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