

Please fill out info for all children enrolled in your center. Child Care Resources will send you pre-populated USDA forms for your parents to review and complete.

Child's First Name	Child's Last Name	DOB	Classroom	Days of the Week Attend	Normal Arrival Time	Normal Departure Time	Is this a School-ager?	Meals Provided at Center	Primary Parent First Name	Primary Parent Last Name	Street	City	State	Zip	
Johnny	Brown	9/6/12	Red	M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> *V <input type="checkbox"/>	8:25am	5:45pm	Yes <input type="checkbox"/>	B <input checked="" type="checkbox"/> A <input type="checkbox"/> L <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	Mary	Brown	112 W. Main St.	Cleveland	OH	44070	
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							
				M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> *V <input type="checkbox"/>			Yes <input type="checkbox"/>	B <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>							

V – Days of attendance vary
 B-Breakfast A-AM Snack L-Lunch
 P-PM Snack D-Dinner E-Evening Snack

Once complete, fax this form to Child Care Resources: 877-427-5386

Center Name _____