

## CHILD CARE FOOD PROGRAM PROVIDER DATA SHEET

Authorization Number:	3822	Organization Name:	Family Resources, Inc.
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**1. Provider Information:**

Provider Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ Zip: \_\_\_\_\_ | County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Is your name, address and phone number listed as CONFIDENTIAL with DCF or your local licensing agency?**

Yes       No

**3. Names of all children that reside in your home:** \_\_\_\_\_

**4. Days you provide care for children other than those that reside in your home:** (Check all that apply)

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**5. Operating Hours:** Start: \_\_\_\_\_ Finish: \_\_\_\_\_      **Weekends:**     YES       NO

**6. Do You Have Child Care Shifts?**      YES       NO       Large Family       or      Small Family

**License Capacity:** \_\_\_\_\_

**7. Meals to be Claimed:**

(Check all that apply)

Breakfast      Morning Snack      Lunch      Afternoon Snack      Supper      Evening Snack  
                             

8. Meal Time Information:	Start Time	Finish Time
<b>1st Shift</b>		
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		
Supper		
Evening Snack		

Meal Time Information:	Start Time	Finish Time
<b>2nd Shift</b>		
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		
Supper		
Evening Snack		

**9. I transport children in the morning from \_\_\_\_\_ to \_\_\_\_\_ and in the afternoon from \_\_\_\_\_ to \_\_\_\_\_**

**10. I will be CLOSED on the following Holidays:**

Columbus Day \_\_\_\_\_  
 Veterans Day \_\_\_\_\_  
 Thanksgiving Day \_\_\_\_\_  
 Friday after Thanksgiving \_\_\_\_\_  
 Christmas Day \_\_\_\_\_  
 New Year's Day \_\_\_\_\_

Martin Luther King Day \_\_\_\_\_  
 President's Day \_\_\_\_\_  
 Good Friday \_\_\_\_\_  
 Memorial Day \_\_\_\_\_  
 Juneteenth \_\_\_\_\_  
 Independence Day (July 4) \_\_\_\_\_  
 Labor Day \_\_\_\_\_

**I certify that all information on this Provider Data Sheet is true and correct.**

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Signature Date**

**Approved by:** \_\_\_\_\_

**Title: Food Program Supervisor**

**Date:** \_\_\_\_\_

**2nd Party Check:** \_\_\_\_\_ **Date:** \_\_\_\_\_