



USDA YEAR 2008-2009 Form B

USDA
CHILD CARE - FOOD PROGRAM

Child's Name:			Date of Birth:			
Normal Days in Care: (circle all that apply)						
		<i>Mon</i>	<i>Tues</i>	<i>Weds</i>	<i>Thurs</i>	<i>Fri</i>
Normal Hours in Care: *TIME	From	___ a.m. ___ p.m.	To:	___ a.m. ___ p.m.	* Mary Bethune Academy is open from 6:30 a.m. to 5:30 p.m.	
Normal Meals Expected to be Served Daily: (circle all that apply)			<i>Breakfast</i>	<i>Lunch</i>	<i>P.M. Snack</i>	

Explain any unusual circumstances related to your child's attendance at school:

Signature: (parent/guardian)	Date:	
Street Address:		
City, State, Zip:		
Telephone: (H)	(W)	(Cell)



Office Use Only
Start date:
Drop date: