

# CHILD CARE FOOD PROGRAM SITE APPLICATION: DAY CARE HOME

Note: Please type or print  
clearly.  
(see instructions on back)

Agreement Number  
44-1733-4

Sponsor Name  
COMMUNITY BRIDGES

CNFDD 2052, Pg. 1  
Rev. 5/97

**1. PROVIDER INFORMATION:** Complete reflecting license information.

NAME (Last Name, First Name, Middle Name)	AREA CODE/TELEPHONE NUMBER
STREET ADDRESS (include apartment number) CITY	ZIP + FOUR

**2. LICENSE INFORMATION:** Complete reflecting license information. A copy of the license must be attached.

EFFECTIVE DATE	EXPIRATION DATE	MAXIMUM CAPACITY	AGES APPROVED FOR CARE	LICENSE/FACILITY NUMBER
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**3. OPERATION INFORMATION:** Indicate maximum number of days and hours a provider cares for children while participating in the Program. (See other side of this page for more information.)

NUMBER OF DAYS PER WEEK SITE OPERATES	HOURS OF OPERATION		SHIFTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	FROM:	TO:	

<b>4. PARTICIPATION INFORMATION:</b> Use current enrollment information. Changes within the enrollment capacity are reported on the <u>Claim for Reimbursement</u> .				<b>5. MEAL SERVICE:</b> (See code on back)	
NUMBER OF CHILDREN ENROLLED	NUMBER OF PROVIDER'S OWN CHILDREN ENROLLED FOR CARE	NUMBER OF FOSTER CHILDREN	Provider's own children and/or foster children are eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> B	<input type="checkbox"/> P
				<input type="checkbox"/> A	<input type="checkbox"/> S
				<input type="checkbox"/> L	<input type="checkbox"/> E

**6. NEW SITE INFORMATION:** Must be completed for all new sites.

HAS SPONSOR-SITE AGREEMENT BEEN EXECUTED AND IS IT ON FILE WITH THE SPONSOR AND PROVIDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ON-SITE TRAINING SESSION COMPLETE
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**7. CERTIFICATION:** Must be signed by both Sponsor Representative and Provider.

*I hereby certify that the information included on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. All children in attendance will be offered the same meals at no separate charge with no physical segregation or other discrimination because of race, color, ethnic/national origin, age, sex, religion, or disability.*

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE	SIGNATURE OF PROVIDER	DATE
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**8. RACIAL/ETHNIC IDENTITY (OPTIONAL)**

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

Race- Select one or more: ( ) American Indian ( ) Asian ( ) Black or African American

( ) Native American or Other Pacific Islander ( ) White