

# MDC CHILDCARE FOOD PROGRAM

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## DAYCARE PROVIDERS *OWN CHILDREN* FORM FISCAL YR 24/25

ARE THERE ANY CHILDREN ***LIVING IN YOUR HOME*** UNDER THIRTEEN YEARS OF AGE?  
(Form must be completed even if you have no children living in your home)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO:        1) mark NO  
                  2) fill in your name and address  
                  3) sign signature line

IF YES:        1) mark YES  
                  2) fill out the remainder of the form below

<u>NAME OF CHILDREN UNDER 13 YRS OLD</u>	<u>BIRTHDATE</u>	<u>MEALS/DAYS PRESENT</u>
_____	_____	B AM L PM D ES / M T W Th F S Su
_____	_____	B AM L PM D ES / M T W Th F S Su
_____	_____	B AM L PM D ES / M T W Th F S Su
_____	_____	B AM L PM D ES / M T W Th F S Su
_____	_____	B AM L PM D ES / M T W Th F S Su
_____	_____	B AM L PM D ES / M T W Th F S Su

PROVIDER NAME: (PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

PROVIDER PHONE NUMBER (        ) \_\_\_\_\_