CHILD AND ADULT CARE FOOD PROGRAM

FACILITY INFORMATION FORM
(Required for Pennsylvania Approval)

2017-2018

PART 1: NAME & ADDRESS

FACILITY NAME:

FACILITY NAME (continued):

ADDRESS:

SUITE # OR FLOOR:

CITY: | **STATE:** | **ZIP CODE:**

PART 2: CONTACT INFORMATION

FIRST NAME OF PRIMARY CONTACT:	DATE OF BIRTH:

LAST NAME OF PRIMARY CONTACT:	MM	DD	YY

TITLE:

EMAIL ADDRESS:

TELEPHONE: **FAX:**

PART 3: PROGRAM INFORMATION

Which programs are offered in this facility? (Check ✓ all that apply)

24-Hour Care	Infant Care *(Under 12 months)*	Child Day Care	Head Start	Before-School Care	After-School Care	Adult Day Care
☐	☐	☐	☐	☐	☐	☐

Hours of Operation *(Write In Times)*:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START:	START:	START:	START:	START:	START:	START:
END:	END:	END:	END:	END:	END:	END:

Months of Operation:			Nonprofit Status:	
September- June *(Closed in Summer)*	Year-Round		Non-Profit	For Profit
☐	☐		☐	☐

Enrollment Statistics *(Write In # of Children/Adults in each category)*:

Total # of Children Enrolled	Asian	Black or African American	White or Caucasian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Hispanic or Latino