

SOLANO FAMILY & CHILDREN'S SERVICES

421 EXECUTIVE COURT NORTH ♦ FAIRFIELD CA 94534-4019 ♦ (707) 863-3950 ♦ (707) 642-5148 ♦ FAX (707) 863-3975

**Child Care Food Program  
Non-Participation Form**

Dear Parent,

Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements.

By signing this form, you are choosing to DECLINE participation for your child in the CACFP. Your day care provider will not be reimbursed for any meals that are served while your child is in care.

Child's Name (first and last)	Child's Birthdate

\_\_\_\_\_

Print Parent Name

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Provider Name

Provider's ID#