



4C for Children

CACFP Food Program Application

First Name: _____ Last Name: _____ Middle Initial: _____

Childcare Address1: _____

Childcare Address2: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____

Email Address: _____

Best time to reach you? _____

Are you: Preparing to Open My Childcare

Licensed

Certified

How many children do you currently have enrolled? _____

Have you participated in the CACFP Food Program before? YES NO

How did you hear about the 4C Food Program? Orientation

4C Offices

Training

From a Friend

Other: _____

Refer a Friend to the 4C Food Program

Friend's Name: _____

Friend Phone or Email: _____