Shared Care Verification Form

For Parents/Guardians with the 4C Child Nutrition Program (CNP)

**Provider**

4C CNP Primary Provider’s name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

 (print provider’s name) (signature)

(Providers are required to report to 4C CNP if their child care children are enrolled with more than one child care provider)

**Parent/Guardian**

List days and hours of care with primary provider:

|  |  |
| --- | --- |
| Child(ren) Name: |  |
| List days in care: |  |
| List Hours in care: |  |

Is your child or children cared for by any other child care provider? □ yes □ no

If yes, please fill in the following information:

|  |
| --- |
| Other Child Care Provider’s name: |

 (print other provider’s name)

List days and hours of care with other provider:

|  |  |
| --- | --- |
| Child(ren) Name: |  |
| List days in care: |  |
| List Hours in care: |  |

\*If there are any changes to the child care schedule, I will notify the primary provider right away.

Parent/Guardian’s name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

 (print parent/guardian’s name) (parent/guardian’s signature)

|  |  |
| --- | --- |
| Parent/Guardian’s email: |  |