

[Sponsoring Organization Letterhead]

(Date)

Dear Parent or Guardian:

(Name of sponsoring organization) has information that indicates your child is enrolled in a family child care home that participates in the Child and Adult Care Food Program (CACFP). The CACFP provides funds to family child care homes so your child can receive nutritious meals while in care.

We need your assistance in fulfilling a federal requirement for the CACFP. We need information on your child's enrollment and daily attendance. Attached is a parent survey that we ask you to complete and **return to us in the enclosed self-addressed postage-paid envelope.**

It is very important that this form is completed and returned to us **no later than (date).**

Please return the completed survey to:

Name of Sponsoring Organization
Address

Thank you for your assistance in providing this important information.

Sincerely,