



3069 Highway 51 MM
McComb, MS 39648
601-341-0618

INTEREST ASSESSMENT FORM

Name _____ Phone _____

Name of Business _____

Business Address _____

County _____ License Capacity _____ Current Capacity _____

Have you ever participated in the CACFP program? YES NO

If yes, have you ever been terminated or on the National Disqualified List? YES NO

Holidays dates that the day care is closed _____

Hours of Operation: _____ - _____ Mon Tue Wed Thu Fri

Meals Provided: Breakfast Lunch PM Snack

Meal Service Time(s): _____ - _____ (meals must not be served outside of meal service times.)

Meal Service Time(s): _____ - _____ (meals must not be served outside of meal service times.)

Meal Service Time(s): _____ - _____ (meals must not be served outside of meal service times.)

Age Range of Participants: Youngest _____ - Oldest _____

Do you provide child-care for infants under 12 months old? Yes No

Additional Documentation Needed for Approval Must be Provided to the Sponsor Upon Enrollment.

- Daycare License
- Privilege License
- Food Permit
- Student Lunch Forms (Sponsor Provides)
- Site Agreement (Sponsor Provides)

PLEASE FAX TO 866-593-7454 OR E-MAIL TO EJORDAN@JORDANRIVERS.ORG