**Hawaii Child Care Nutrition Program**

**“Meal Pattern Update”**

**Fall 2017 Workshop Registration Form**

Name of Participant(s):

Center/provider name:

Address: City: Zip:

Phone: Email:

1. What type of facility do you work in? 3a) Which session would you like to attend?

Check all that apply: All sessions run on Saturdays from 9 am – 10:30 am.

 [ ]  Group child care program [ ]  Sept 9 (Pali View Baptist Preschool)

 [ ]  Before/after school program [ ]  Sept 16 (University of Hawaii Manoa)

 [ ]  Family child care program [ ]  Oct 21 (Seagull Schools, Kapolei)

 [ ]  Infant/Toddler program

 3b) If you selected UH Manoa (Sept 16), will you need a

2) Is your child care operation participating in parking pass? Passes will be mailed to you, free of the the USDA Child & Adult Care Food Program? charge.

 [ ]  Yes [ ]  Yes, # of passes needed:

[ ]  No [ ]  No

[ ]  Not sure or not applicable

**Please mail, email, or fax your registration form to:** Hawaii Child Care Nutrition Program

 1955 East-West Road, #306

 Honolulu, Hawaii 96822

 Email: hccnp@hawaii.edu or Fax: (808) 956-6457

Or if you prefer, you may fill out our on-line registration form at:  [www.ctahr.hawaii.edu/new/hccnp](http://www.ctahr.hawaii.edu/new/hccnp)

You will receive an email from the HCCNP (hccnp@hawaii.edu) to confirm your registration. If you do not have access to email, please indicate so and a letter will be mailed to you.  **If you do not receive a confirmation email or letter within 1 week of submitting your registration form, please contact Kim at the HCCNP at (808) 956-4124 to confirm that your seat is reserved.**

***\*NOTE****: Your registration form must be* ***received*** *by the specific dates noted on the enclosed flyer and also on our website:* [www.ctahr.hawaii.edu/new/hccnp](http://www.ctahr.hawaii.edu/new/hccnp) .