



## Child Care Food Program

1531 E. Sunshine Suite E-1  
Springfield, MO 65804  
(417) 8658427 Fax (417) 8656437  
forms@ccfpfood.com

## Termination Form

Dear Child Care Food Program:

This is to inform you that

\_\_\_\_\_ (Child's Name)

has been terminated from my care on

\_\_\_\_\_ (Date - mm/dd/yyyy)

\_\_\_\_\_ (Provider's Name)

Additional Notes: