

CHILD & ADULT CARE FOOD PROGRAM



WHERE HEALTHY EATING BECOMES A HABIT

**Child and Adult Care Food Program  
Child Schedule Changes**

**Date New Schedule Effective** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Provider's Address or Program Name: \_\_\_\_\_

Child's Last Name	Child's First Name	Relation to Provider	Ethnicity	Date of Birth	Gender	Special Needs
				/ /		
				/ /		

**New Days and Hours in Care:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time in:							
Time out:							

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Day Care Provider Signature

\_\_\_\_\_  
Date signed



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