

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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