

Parents Signature Form Supper, Weekends & Holiday Meal Service

Provider

Name: _____

Dear Parent: To improve Child & Adult Care Food Program integrity and continue reimbursement for meals served to your children we ask that you indicate the days your children receive meal service for suppers, for meals served on weekends and meals served on the following Holidays. Martin Luther King Day in January, Presidents Day in February and Veterans Day in November.

Use one box for each family for the Month of: _____

Dates should be "x" daily as used.

Parent should sign on the last day used.

Dates used

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Days used

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Indicate the time your child is served supper: _____

Hours in care on Weekends; From: _____ To: _____

Hours in care on one of the Holidays; From: _____ To: _____

List children's first and last names

Parent Printed Name

Parent Signature

Parent's Occupation:

Date

Dates used

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