Parents Signature Form
Supper, Weekends & Holiday Meal Service

Provider
Name: ____________________

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.

<table>
<thead>
<tr>
<th>☑ Days used</th>
<th>☑ Days used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>8</td>
<td>9</td>
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<td>15</td>
<td>16</td>
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<td>22</td>
<td>23</td>
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<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

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

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.
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