CHILD AND ADULT CARE FOOD PROGRAM – FAMILY DAY CARE PROVIDERS
Extended Hours, Weekends, and Double Sessions Sample Documentation Form
Please complete and keep on file for each provider requesting approval.

Provider's Name: _____ Provider's Signature: _____ Date: _____

License No: _____ Town: _____ Evening Snack Double Session Weekend Care

FIRST SESSION B=Breakfast A=Morning Snack L=Lunch P=Afternoon Snack S=Supper E-Evening Snack

ENROLLED CHILDREN	Age	#	MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SATURDAY						SUNDAY						Time In	Time Out
			B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E		
PLEASE MARK NAME WITH * IF CHILD IS AN INCOME ELIGIBLE PROVIDER CHILD Totals:																																												

SECOND SESSION

ENROLLED CHILDREN	Age	#	MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SATURDAY						SUNDAY						Time In	Time Out
			B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S	E	B	A	L	P	S			
PLEASE MARK NAME WITH * IF CHILD IS AN INCOME ELIGIBLE PROVIDER CHILD Totals:																																												

This institution is an equal opportunity provider.

Sponsor Initial:
Approval Date: