

WEEKEND CARE FORM ~FAMILIES

This form can be submitted when you know a child's schedule in advance or submitted monthly by the 5th claim due date.

Required Information: (If this information is incomplete, these changes will not take effect.)

PROVIDER NAME _____ ID #: _____ Phone: _____ Date: _____

ID #'s	Children's Names (and nicknames)	Circle Weekend days provider has child		Enter Hours with provider (include am & pm)	
		Saturday	Sunday	Arrive	Leave
		Saturday	Sunday		
		Saturday	Sunday		
		Saturday	Sunday		
		Saturday	Sunday		
		Saturday	Sunday		
		Saturday	Sunday		

Is this for:	<input checked="" type="checkbox"/> Check the statement that applies
Regular weekend care?	
Periodic/occasional care?	
Just this weekend?	

Print Parent Name _____ Parent Signature _____ Home Phone _____ Daytime/Work Phone _____

4C Annetta Rutland (513)221-0033

The CACFP is available to all eligible children without regard to race, color, national origin, gender, age or disability. To file a discrimination complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 1400 Independence Avenue, SW, Washington DC, 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.