1. Times when Meals/Snacks are served (Required):
   - Breakfast____________________ Morning Snack ______________________
   - Lunch_______________________  Afternoon Snack____________________
   - Dinner______________________  Evening Snack______________________

2. Circle age appropriate milk you are serving to the children in your care. **You may circle more than one.**
   (Required):
   - A. 12 months through 23 months: Unflavored whole milk
   - B. 2 years through 5 years: Unflavored fat-free (skim) milk, Unflavored low-fat (1%) milk
   - C. 6 through 12 years: Unflavored fat-free (skim) milk, Flavored fat-free (skim) milk, Unflavored low-fat (1%) milk

2. List any days that school was not in session, allowing school age children to be claimed for Morning Snack, Lunch. Please list name of elementary school and dates closed.

3. If claiming more than your License capacity allows, list rotation.

4. Names of new children you are enrolling: (Enrollments must be in the office before we can process your claim)

5. List children who are no longer enrolled in your child care:

6. Names & ages of providers own Children: (REQUIRED)

7. Comments:

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Date: ______________  Provider Signature: _____________________________________

This institution is an equal opportunity provider.