PROVIDER NAME: **MONTH:** **PROVIDER'S SIGNATURE:**

CHILD'S NAME	AGE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S	B S L S D S
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

721 South Fawcett Ste 203
Tacoma, WA 98402
(253)284-7865 or
(800)843-9317
mdccacfp@yahoo.com
Fax:(253)593-2400

School age children (7 & up) at AM snack and/or lunch - OR - Reason for 7 consecutive days in care:

Name(s): _____

Reason: _____

Date(s): _____