PROVIDER NAME: **MONTH:**

CHILD'S LAST NAME / FIRST NAME	AGE	MON / date:						TUES / date:						WED / date:						THUR / date:						FRI / date:					
		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
				+						+						+						+						+			

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email: 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): _____