

Dear Provider,

The new school year has either started or will be starting soon. We need school information for all children participating on the food program. If they have an early out day one day per week, just include the normal in/out times for the rest of the week. If they are present for meals that they normally wouldn't be there for on an early out day, you will need to check the 'no school' box or write early out and the date on the front of your CIF. If you need more room, use the back of this form. Please complete the following information and return this form to the office by September _____. Failure to complete and return this form by September _____ may result in your claim not being processed in a timely manner or children being disallowed because we don't have the correct information. This must be in our office by September _____ in order for us to get them in the computer prior to your submitting your September claim on October 1, _____.

Thank you.

Provider Name: _____

| Child Name | *Grade level/ School type | School District | School Name | **School Attend Days | School Depart time | School Return time |
|--------------|------------------------------|-----------------|-------------|----------------------|--------------------|--------------------|
| Sample Child | Grade 3 | Cache | Woodruff | M,T,W,Th,F | 8:20 am | 3:20 pm |
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***Grade level/school type**
 Choose from one of the following:
 School, Home school, Year-round school/track (A,B,C,D),
 AM Headstart, PM Headstart, AM Kindergarten,
 PM Kindergarten, All Day Kindergarten, All Day Headstart

****School attend days**
 Indicate the day(s) of week child attends
 M, T, W, Th, F

This institution is an equal opportunity provider.