



2024 – 2025 SCHOOL YEAR

Provider: _____

Please list the school-age children (K-8) enrolled in your child care home, including your own children less than 12 years of age, and their school information:

Child's Name	Grade	School Start Date	Name of School	Days Physically Attending School (Ex: M-F or M&W)	If Physically Attending, School Departure and Return Times

Please list the children enrolled in your child care home that attend preschool at a location other than your child care home:

Child's Name	Preschool Start Date	Name of Preschool	Days of Week Attending Preschool	Preschool Departure and Return Times

The following is my school transportation schedule (days and times when I am transporting to/from school):



IN ORDER TO RECEIVE THE MOST REIMBURSEMENT ALLOWABLE FOR MY MONTHLY CLAIM, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE THIS INFORMATION WITH KIDCARE AS CHANGES OCCUR. IN ADDITION, I AM AWARE THAT SCHOOL-OUT DOCUMENTATION MUST BE SUBMITTED WITH MY MONTHLY CLAIM IN ORDER TO HAVE MEALS REIMBURSED WHENEVER SCHOOL-AGE CHILDREN RECEIVE AN AM SNACK OR LUNCH.

Provider's signature: _____

Date: _____