

2025– 2026 SCHOOL YEAR



Provider: _____

Please list the **school-age** children (K-8) enrolled in your child care home, including your own children less than 10 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: _____