



913-342-1110
1-800-755-0838
Kay 913-742-4139
Kim 913-742-4135
Melissa 913-742-4138

COVER SHEET

444 Minnesota Avenue Suite 200
Kansas City, Kansas 66101
Email Menus to: cacfp@thefamilyconservancy.org

1. Times when Meals/Snacks are served (Required):

Breakfast _____ Morning Snack _____
Lunch _____ Afternoon Snack _____
Dinner _____ Evening Snack _____

2. Circle age appropriate milk you are serving to the children in your care. You may circle more than one. (Required):

- | | | |
|--|--|--|
| A. 12 months through 23 months:
Unflavored whole milk | B. 2 years through 5 years:
Unflavored fat-free (skim) milk
Unflavored low-fat (1%) milk | C. 6 through 12 years:
Unflavored fat-free (skim) milk
Flavored fat-free (skim) milk
Unflavored low-fat (1%) milk |
|--|--|--|

2. List any days that school was not in session, allowing school age children to be claimed for Morning Snack, Lunch. Please list name of elementary school and dates closed.

3. If claiming more than your License capacity allows, list rotation.

4. Names of new children you are enrolling: (Enrollments must be in the office before we can process your claim)

5. List children who are no longer enrolled in your child care:

6. Names & ages of providers own Children: (REQUIRED)

7. Comments:

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Date: _____ Provider Signature: _____

This institution is an equal opportunity provider.