

# Child Management Associates

8831 South Redwood Road Suite D1 \* West Jordan, UT 84088 \* (801)566-1007

## Child Schedule Update

<b>Provider Name:</b> _____	<b>Date:</b> _____
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*Parent, use this form to update your child's schedule. Use one form for each family up to four children per form.*

<b>Name of child:</b> _____		<b>Child Date of Birth:</b> _____	
<i>My child attends daycare for the following: (please check all that apply)</i>			
<b>Days of week:</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday	<b>Meals:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> Am Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Evening Snack		
<b>Hours:</b> Earliest arrival: _____ am/pm                      Latest departure: _____ am/pm			
<b>Does your child attend school?</b> Grade: _____ <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round    Track: _____ School name: _____                                      School District: _____			

<b>Name of child:</b> _____		<b>Child Date of Birth:</b> _____	
<i>My child attends daycare for the following: (please check all that apply)</i>			
<b>Days of week:</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday	<b>Meals:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> Am Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Evening Snack		
<b>Hours:</b> Earliest arrival: _____ am/pm                      Latest departure: _____ am/pm			
<b>Does your child attend school?</b> Grade: _____ <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round    Track: _____ School name: _____                                      School District: _____			

***Provider will only be reimbursed for the days, meals, and hours indicated on this form.***

Parent Name: _____	Date: _____
Parent Signature: _____	

<b>Name of child:</b> _____		<b>Child Date of Birth:</b> _____	
<i>My child attends daycare for the following: (please check all that apply)</i>			
<b>Days of week:</b>		<b>Meals:</b>	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Sunday	<input type="checkbox"/> PM Snack
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday		<input type="checkbox"/> Am Snack
			<input type="checkbox"/> Dinner
			<input type="checkbox"/> Lunch
			<input type="checkbox"/> Evening Snack
<b>Hours:</b>			
Earliest arrival: _____ am/pm		Latest departure: _____ am/pm	
<b>Does your child attend school?</b>			
Grade: _____		<input type="checkbox"/> Traditional	<input type="checkbox"/> Year Round Track: _____
School name: _____		School District: _____	

<b>Name of child:</b> _____		<b>Child Date of Birth:</b> _____	
<i>My child attends daycare for the following: (please check all that apply)</i>			
<b>Days of week:</b>		<b>Meals:</b>	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Sunday	<input type="checkbox"/> PM Snack
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday		<input type="checkbox"/> Am Snack
			<input type="checkbox"/> Dinner
			<input type="checkbox"/> Lunch
			<input type="checkbox"/> Evening Snack
<b>Hours:</b>			
Earliest arrival: _____ am/pm		Latest departure: _____ am/pm	
<b>Does your child attend school?</b>			
Grade: _____		<input type="checkbox"/> Traditional	<input type="checkbox"/> Year Round Track: _____
School name: _____		School District: _____	

**Comments:**
