

Day	Attendance
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Child Care Days	Total Attendance

Name: _____

Please Print

I claim meals for my own children

Month: _____

Yes No

Year: _____



21 W 2nd

Hutchinson, KS 67501

Claim Cover

**Due in Child Care Link's office
the 3rd of each month.**

I am using these checked exceptions:

Pre school

School age

Do you want referrals from Child Care Links?	Vacancy check for referrals:	# of Openings:
<input type="checkbox"/> yes <input type="checkbox"/> no	Weekends <input type="checkbox"/> yes <input type="checkbox"/> no	0-17 mo: _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Eve/night <input type="checkbox"/> yes <input type="checkbox"/> no	18 mo.-5 yr: _____
	I am full <input type="checkbox"/> yes <input type="checkbox"/> no	School age: _____

As a benefit to our food program participants your name will be given to parents looking for child care if you want referrals.

New enrollments completed & enclosed:

Children no longer in my care:

Supplies needed before next home visit:

Scheduling changes or other notes:

Office Use Only below this line

	B	AM	L	PM	D	BT
Clerical checks _____						
Check enrollments _____						
Menu for each day _____	Total all meals _____					
Menu+Misc. checks _____	# of days in month _____					
Reimb. Calculation _____	Date paid _____					
	# of children attending _____					
	Check # _____					
	Days times children _____					
	Total paid _____					
	x3					

Child Care Links 669-0291 or 1-888-488-7870