Dear Provider,

School Year 2026 - 2027

As we approach the beginning of a new school year, we need school information for all children participating on the food program. We also need to update all holidays you will be providing care. Please complete the following information and *return this form to the office by August 26, 2026.* ***If you don't provide care to school age children, the form needs to be completed with updated holiday information.
Thank you.

Provider Name: _____

Child Name	*Grade level/ School type	School District	School Name	**School Attend Days	School Depart time	Early Out Days School Return time
Sample Child	Grade 3/A track	Salt Lake	Beehive	M,T,W,T:h,F	8:20am	1:50pm

*Grade level/school type
Choose from one of the following:
attends
School, Home school, Year-round school/track (A,B,C,D),
AM Headstart, PM Headstart, AM Kindergarten,
PM Kindergarten, All Day Kindergarten, All Day Headstart

**School attend days
Indicate the day(s) of week child

M, T, W, Th, F

The holidays below are approved for reimbursement when providing care.

*Sign in/out sheets are required for holidays.

Circle Yes if open, No if closedfor daycare.

Yes No Martin Luther King Day
Yes No President's Day
Yes No Memorial Day
Yes No Independence Day (July 4)
Yes No Labor Day

*New Year's Day, Easter, Thanksgiving & Christmas will not be reimbursed as they are family holidays.