

# Food For Inc

Day Home Monthly Summary for \_\_\_\_\_  
Month/Year

Provider Complete Name \_\_\_\_\_

\_\_\_\_\_ School Holiday (were school age children were present for lunch when should be in school)  
\_\_\_\_\_

\_\_\_\_\_ I will be closed and/or not serving meals on the following days:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like to change or add to my meal service:  
**Add** meal service \_\_\_\_\_ beginning and ending time \_\_\_\_\_  
Type of meal (i.e. PM Snack) ie. 3:30PM – 3:45PM  
**\*\*\*\*\*Please remember changes to meal service will not be effective until the following month from date received**

The following children are no longer in my care and wish to withdraw them from the program:

	<u>Complete Name of Child</u>	<u>Date to be withdrawn</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Other Information: