Springfield Platteview Community Schools KidsCare Program

Request for All-Day Care

I will have chi	dren participating in the all day program on September 26, 2016.
I will have chi	dren participating in the all day program on October 28, 2016.
l will have chi	dren participating in the all day program on February 17, 2017.
l will have chi	dren participating in the all day program on February 20, 2017.
I will have chi	dren participating in the all day program on March 13-17, 2017.
I will have chi	dren participating in the all day program on April 14, 2017.
I will have chi	dren participating in the all day program on April 17, 2017.
Children Bartisinating	
Children Farticipating.	
I understand: □ Fee of \$35 p	er child will be charged to your KidsCare account.
•	need to provide a lunch for themselves. At a minimum this lunch must include a
	ole and fruit as per DHHS regulations.
KidsCare wi	l provide milk.
	I provide breakfast and an afternoon snack.
□ Students are	welcome to bring a refillable water bottle to stay with them in the gym and outside
Parent Signature	
Nata:	
Date	
	Please return this form 2 Weeks Prior to Date Requesting!
Form Receive	d On:
	ed to KidsCare Program Account \$: