



# What's Happening this Month!

Provider Name: \_\_\_\_\_

Claim Month/Year: \_\_\_\_\_

**New Enrollments to your day care need to be in the Sunshine Connections Office by the 15th of the following month they are first claimed on your attendance.**

Example: New enrollment claimed May 10th – 31st, enrollment form due by June 15th!

Please drop the following children from my enrollment:


There was no school on the following days:

Date	School	Reason for no school

Day care was closed on the following days: \_\_\_\_\_

Next month I will be open on the following holidays (New Year's Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas): \_\_\_\_\_

Day care will be closed the following days next month: \_\_\_\_\_

Changes in my mealtimes for next month are:

Breakfast: \_\_\_\_\_  
PM Snack: \_\_\_\_\_

AM Snack: \_\_\_\_\_  
Dinner: \_\_\_\_\_

Lunch: \_\_\_\_\_  
Evening Snack: \_\_\_\_\_

August only: 1st Day of School

School	Date

May only: Last Day of School

School	Date

Special Notes to Sunshine Staff:

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature: \_\_\_\_\_