School Out Days -- Please complete this form indicating the "school out days" that you are requesting full-time child care for any school-aged children.

Poudre School District 2012-13

Place an "X" by each school out day that you are requesting child care coverage for your school-aged child(ren): _____

_____ Monday, September 3 (Labor Day)
_____ Monday, September 17 (K-8 Staff Collaboration)
_____ Thursday, October 18 (K-5 Conference Day)
_____ Friday, October 19 (K-12 Conference Day)
_____ Wednesday-Friday, November 21-23 (Thanksgiving Break)
_____ Monday, November 26 (K-8 Staff Collaboration)
_____ Monday-Friday, December 24 - January 4 (Winter break)
_____ Monday, January 7 (K-12 Teacher Work Day)
_____ Monday, January 21 (Martin Luther King Jr. Day)
_____ Monday, February 18 (K-12 Staff Collaboration)
_____ Friday, March 15 (K-5 Teacher Work Day)
_____ Monday-Friday, March 18-22 (Spring Break)
_____ Friday, April 12 (K-12 Conference Day)
_____ Monday, April 15 (K-8 Staff Collaboration)
_____ Friday, May 17 (K-8 Teacher Work Day)
_____ Monday, May 27 (Memorial Day)
_____ Friday, May 31 (Half Day for all students)
My child(ren) do not follow this schedule

Summer Break:

Please indicate schedule needed for summer: ____FT ____PT

___MON ___TUES ___WED ___THURS ___FRI

Thompson R2-J School District 2012-13

Place an "X" by each school out day that you are requesting child care coverage for your school-aged child(ren): _____

_____ Monday, September 3 (Labor Day)
_____ Friday, November 2 (Teacher PD/W Day)
_____ Monday & Tuesday, November 19 & 20 (Teacher Exchange Day)
_____ Wednesday-Friday, November 21-23 (Thanksgiving Break)
_____ Monday-Friday, December 24 – January 4 (Winter Break)
_____ Monday, January 7 (Teacher PD/W Day)
_____ Monday, January 21 (Martin Luther King Jr. Day)
_____ Monday, February 18 (Presidents' Day)
_____ Friday, March 8 (Teacher PD/W Day)
_____ Monday-Friday, April 1-5 (Spring Break)
_____ Monday, May 27 (Memorial Day)
My child(ren) do not follow this schedule.

Summer Break

Please indicate schedule needed for summer: ____FT ____PT

___MON ___TUES ___WED ___THURS ___FRI

If your child(ren) does/do not follow any of these schedules, you must provide a copy of the school calendar indicating which days child care is requested.

I will inform you within three (3) days of any schedule changes that may be needed. **By signing this form, I understand that I may not qualify for CCAP services due to a change in circumstances.**

Parent Printed Name SSN

Parent Signature Date

LCHS 4274 (03/12)

LARIMER COUNTY
COMMITTED TO EXCELLENCE

DEPARTMENT OF HUMAN SERVICES
Child Care Assistance Program
(970) 498-6300 Fax (970) 498-7987