

# Noon Hour for Preschool/Kindergarten Children

Capacity Exception for School Year \_\_\_\_\_

**INSTRUCTIONS:** Enter information on applicable blanks, sign and date the form. Submit to your CACFP sponsoring organization.

## Exception to Exceed the Licensed Capacity During the Noon Hour

- I will only have 1-2 additional children, 2½ years of age or older, who:
  - attend a part-day preschool or part-day kindergarten,
  - present between the hours of 11:00 am and 1:00 pm for the noon meal, and
  - are only on days that school is in session as per KDHE Child Care Regulations.
- The name of the preschool/kindergarten will be listed below and meets the preschool criteria as defined in the regulations (does not include Head Start programs or unlicensed programs).
- I understand that I can only claim additional children when **school is in session**. I understand that I am responsible for submitting a school district calendar and/or a preschool calendar to my sponsoring organization.

The name(s) of the additional child(ren) who will fill the extra capacity slots are:

<b>Preschool or Kindergarten (P/K) Information</b>			
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	

I, \_\_\_\_\_, intend to have 1-2 preschool children in care as allowed by KDHE Child Care Regulations. I understand that I am responsible for submitting the required documentation to my sponsoring organization. I understand that I must notify my sponsoring organization in writing should anything in this agreement change. I understand that I may lose my right to use the exception(s) if I am not following the policy guidelines which are defined in KDHE Child Care Regulations.

\_\_\_\_\_  
(Provider Signature)

\_\_\_\_\_  
(Today's Date)

**Internal Use Only:**

\_\_\_\_\_  
received date

\_\_\_\_\_  
effective date

\_\_\_\_\_  
approval initials

\_\_\_\_\_  
date