

Vibrant Futures CACFP Shift Form

Name: _____

License Number: _____

Circle Days of the Week:

M T W Th F Sa Su

SHADE ACROSS TO SHOW EACH CHILD'S SCHEDULE

	6:00 AM	6:30 AM	7:00 AM	7:30 AM	8:00 AM	8:30 AM	9:00 AM	9:30 AM	10:00 AM	10:30 AM	11:00 AM	11:30 AM	12:00 PM	12:30 PM	1:00 PM	1:30 PM	2:00 PM	2:30 PM	3:00 PM	3:30 PM	4:00 PM	4:30 PM	5:00 PM	5:30 PM	6:00 PM	6:30 PM	7:00 PM	7:30 PM
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Vibrant Futures CACFP
Shift Form

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Make a copy for your records.