

Youth Educational Services, Inc.
Child and Adult Care Food Program

CENTER HOLIDAY & SCHOOL CLOSURE FORM

Instructions: Complete this form if your Center is going to be closed for the day, a portion of the day or for a Holiday. Sign and date the form. Please email to YES! CACFP info@yeskidz.com or fax to 770-938-6869.

Center's Name: _____ Center's Address: _____

City: _____ State: _____ Zip _____

Person Completing this form: _____ Phone number: _____

Please list the Dates, Time and Reason Center is Closed

Check (1 of the 3 options) the reason for closure and complete items below.

Date/s of Closure	Time	Reason	Notes
		<input type="checkbox"/> Holiday <input type="checkbox"/> Weather/Emergency <input type="checkbox"/> School Closing <input type="checkbox"/> Other	
		<input type="checkbox"/> Holiday <input type="checkbox"/> Weather/Emergency <input type="checkbox"/> School Closing <input type="checkbox"/> Other	
		<input type="checkbox"/> Holiday <input type="checkbox"/> Weather/Emergency <input type="checkbox"/> School Closing <input type="checkbox"/> Other	
		<input type="checkbox"/> Holiday <input type="checkbox"/> Weather/Emergency <input type="checkbox"/> School Closing <input type="checkbox"/> Other	

Authorized Signature: _____ Date: _____

Note: All Center Closing must be submitted into YES office at least 3 days prior to the closing.

For Use by YES Inc. ONLY

YES Staff: _____ Date: _____

Place original in Closure File and a copy in the Organization's Permanent File