

Child Care Financial Assistance Program School-Age Child Care Schedule (Summer)

Attention Parents/Caregivers

Please complete the information below to assure your child care provider is paid correctly for your child(ren)'s summer schedule. Return this form to the address below:

Parent/Caregiver Name: _____

Please note: The Child Development Division (CDD) will not make payments on behalf of parents for deposits, registrations or any other fee that the provider may charge over and above fees for child care services.

(1) Child Name: _____

My child's school is: _____

Last day of school is: _____

My school age child will need child care this summer as follows:

Child care provider: _____

Beginning Date ____ / ____ / ____
month day year

End Date ____ / ____ / ____
month day year

Day of week:	Time of day (Circle am or pm)
Monday	From ____ am/pm to ____ am/pm
Tuesday	From ____ am/pm to ____ am/pm
Wednesday	From ____ am/pm to ____ am/pm
Thursday	From ____ am/pm to ____ am/pm
Friday	From ____ am/pm to ____ am/pm
Saturday	From ____ am/pm to ____ am/pm
Sunday	From ____ am/pm to ____ am/pm

(2) Child Name: _____

My child's school is: _____

Last day of school is: _____

My school age child will need child care this summer as follows:

Child care provider: _____

Beginning Date ____ / ____ / ____
month day year

End Date ____ / ____ / ____
month day year

Day of week:	Time of day (Circle am or pm)
Monday	From ____ am/pm to ____ am/pm
Tuesday	From ____ am/pm to ____ am/pm
Wednesday	From ____ am/pm to ____ am/pm
Thursday	From ____ am/pm to ____ am/pm
Friday	From ____ am/pm to ____ am/pm
Saturday	From ____ am/pm to ____ am/pm
Sunday	From ____ am/pm to ____ am/pm

If your provider will be on vacation or unavailable anytime during the summer and your child will be attending another program, please call your eligibility specialist. **In addition, please complete the reverse side of this form to notify your eligibility specialist of your child care needs for the fall.**

Please check this box if your child(ren) WILL NOT be needing child care during the fall school year.

If you have questions regarding completion or submission of this form, please contact the Community Child Care Eligibility Specialist at the number below:



Child Care Financial Assistance Program School-Age Child Care Schedule (Fall)

Attention Parents/Caregivers

Please complete the information below to assure your child care provider is paid correctly for your child(ren)'s fall schedule. Return this form to the address below:

Parent/Caregiver Name: _____

Please note: The Child Development Division (CDD) will not make payments on behalf of parents for deposits, registrations or any other fee that the provider may charge over and above fees for child care services.

(1) Child Name: _____

My child's school is: _____

First day of school is: _____

My school age child will need child care this fall as follows:

Child care provider: _____

Beginning Date ____ / ____ / ____
month day year

End Date ____ / ____ / ____
month day year

Day of week:	Time of day (Circle am or pm)
Monday	From ____ am/pm to ____ am/pm
Tuesday	From ____ am/pm to ____ am/pm
Wednesday	From ____ am/pm to ____ am/pm
Thursday	From ____ am/pm to ____ am/pm
Friday	From ____ am/pm to ____ am/pm
Saturday	From ____ am/pm to ____ am/pm
Sunday	From ____ am/pm to ____ am/pm

(2) Child Name: _____

My child's school is: _____

First day of school is: _____

My school age child will need child care this fall as follows:

Child care provider: _____

Beginning Date ____ / ____ / ____
month day year

End Date ____ / ____ / ____
month day year

Day of week:	Time of day (Circle am or pm)
Monday	From ____ am/pm to ____ am/pm
Tuesday	From ____ am/pm to ____ am/pm
Wednesday	From ____ am/pm to ____ am/pm
Thursday	From ____ am/pm to ____ am/pm
Friday	From ____ am/pm to ____ am/pm
Saturday	From ____ am/pm to ____ am/pm
Sunday	From ____ am/pm to ____ am/pm

If your provider will be on vacation or unavailable anytime during the school year and your child will be attending another program, please call your eligibility specialist. **In addition, please complete the reverse side of this form to notify your eligibility specialist of your child care needs for the summer.**

Please check this box if your child(ren) WILL NOT be needing child care during the summer.

If you have questions regarding completion or submission of this form, please contact the Community Child Care Eligibility Specialist at the number below:

