



**CHILD CARE AWARE® of AMERICA FEE ASSISTANCE  
SCHEDULE OF CARE FORM**

Name of Parent: \_\_\_\_\_ Family ID#: \_\_\_\_\_

**CHILD CARE PROVIDER INFORMATION:**

Child Care Provider Name: \_\_\_\_\_  
(As is appears on license/registration)

Child Care Provider Address (actual location of where care will be provided):

\_\_\_\_\_  
Street Name and Number City State Zip Code

Child Care Provider Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date Care Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Care Ends (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Second Provider (if needed for siblings enrolled at an additional provider, or a future provider change)**

Child Care Provider Name: \_\_\_\_\_  
(As is appears on license/registration)

Child Care Provider Address (actual location of where care will be provided):

\_\_\_\_\_  
Street Name and Number City State Zip Code

Child Care Provider Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date Care Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Care Ends (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILD INFORMATION (please supply current and future child care information)**

Name of Child(ren)	Date of Birth	Gender (M/F)	Type of Care (Full/Part Time, Before and/or After School, Summer Camp)	Provider/Program Name
1.				
2.				
3.				
4.				

**SCHEDULE OF CARE (match the childcare information above to the corresponding numbered line below)**

Name of Child(ren)	Hours of Care ( include hours for all days that apply)							Date Care Begins	Provider/Program Name
	SUN	MON	TUE	WED	THU	FRI	SAT		
1.									
2.									
3.									
4.									

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