



**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.									