

SCHEDULE CHANGE

EMPLOYMENT OR TRAINING/SCHOOL SCHEDULE

Please fill in your employment or training/school schedule. If there are two parents in your household, fill in schedules for both parents. If you have more than one job, please be sure to include schedule(s) for all employment.

<i>EXAMPLE</i>	Mon 8:00-5:00	Tues 8:00-3:00	Wed 8:00-5:00	Thur 8:00-3:00	Fri 8:00-5:00	Sat 0	Sun 0
MY SCHEDULE	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Work							
Training/School							
2 nd PARENT	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Work							
Training/School							

CHILDREN'S SCHEDULE

Please fill in each child's schedule. Please indicate when you plan to have your child in care each day for each provider used (if more than one). Note that care will be approved based on eligibility

Child Name	Child in School	School of Attendance and grade	Child Care Provider (list for EACH provider)	Mon Exact hours in care	Tues Exact hours in care	Wed Exact hours in care	Thurs Exact hours in care	Fri Exact hours in care	Sat Exact hours in care	Sun Exact hours in care
	Yes									
	No									
	Yes									
	No									
	Yes									
	No									
	Yes									
	No									
	Yes									
	No									

Comments: _____

 Client Name (Please print)

 Effective date of change

 Client Signature Date

 Technician's Name