



Child(ren)'s School Schedule Information

Case Number: _____

Case name: _____

Date: _____

Please list below every child you are requesting child care for. If the child is attending school please indicate their school schedule. This includes preschool, Head Start/Early Head Start, home school, etc. Please return this information to your worker by: _____

Child's Name/Hours of Care	DOB	Age	Grade	School Name	School Hours

If there are situations in which days or hours vary, please specify to which child(ren) this applies and enter the varied schedule below:

Child's Name: _____ Varied Schedule: _____
 Child's Name: _____ Varied Schedule: _____
 Child's Name: _____ Varied Schedule: _____

Please read, sign and date below.

By signing this document I am agreeing that I have provided the correct information. I understand that child care will only be reimbursed by the CalWORKs Stage I program for the child(ren) during the time they are not in school.

Print Name

Date

Signature

COUNTY USE ONLY

Child care eligibility period:

From: _____

To: _____

Provider: _____

Provider ID: _____