

This sheet helps us determine your typical work schedule and enrollment. If current enrollment does not reflect an average month, use the most recent month that does. Child names are not needed.

What time does each child typically arrive and when does s/he leave? Please list the typical days and hours each child attends your program. All part-time and full-time children should be listed here.

**SCHEDULE**

Children in Care	Ages of Children	Typical Days & Hours of Care of Each Child <i>(list days &amp; arrival/departure times)</i>
<i>Example</i>	<i>6 months</i>	<i>Mon. - Fri. 10 a.m. - 6 p.m.</i>
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		
Child 7		
Child 8		
Child 9		
Child 10		

How many hours do you work? \_\_\_\_\_

*I hereby verify that the information provided on this document is true and accurate to the best of knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

XXX-XX-\_\_\_\_\_  
Last four digits of your Social Security number



Return form to:  
**WAGES and AWARDS**  
Child Care Services Association  
PO Box 901  
Chapel Hill, NC 27514

Phone: 919-967-3272  
Fax: 919-967-2945  
[www.childcareservices.org](http://www.childcareservices.org)



**NCDHHS**  
Division of Child Development  
and Early Education