



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

For office use only

FACILITY SCHEDULE REPORTING FORM

Name of Facility:
Name of Administrator:
Mailing Address of Facility:
Phone Number: Fax Number:
Email Address:

Table with 3 columns: Day of Week, Time Open, Time Closed. Rows include Sunday through Saturday.

Holiday Closures (mark with an "x" the days below you will be closed annually)

- Alaska Day, Christmas Day, Easter, Independence Day, Labor Day, Memorial Day, New Year's Day, Presidents Day, Seward's Day, Thanksgiving, Veterans Day

Other Closures (indicate the date or day you will be closed and mark with an "x")

Five rows of checkboxes and blank lines for other closures.