

## CHILD CARE LICENSING PROGRAM

Division of Public Assistance Child Care Program Office

## FACILITY SCHEDULE REPORTING FORM

Name of Facility:		
Name of Administrator:		
Mailing Address of Facility:(PO Box/Street) (City/State/Zip)		
(PO E	Sox/Street) (City/State/Z	ip)
Phone Number: Fax Number:		
Email Address:		
Day of Week	Time Open	Time Closed
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
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")		
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