



Child, Family & Community Services, Inc.
California Child Care Alternative Payment Program
 29150 Ruus Rd. Hayward, Ca 94544
 Phone: (510) 265-5300

INSTRUCTIONS:

Please list all children who are currently receiving child care and developmental program whether or not the child is in school. If child is attending Head start Program, State Preschool Program, School (K-6), or other subsidized or non-subsidized child care program, please complete all boxes. If child is not enrolled in any programs, please put in N/A. **If your child is attending private school, you need to submit a school calendar.** Please complete and return.

Child's Name: Jane Child

School Name Cherry Land	School District Hayward	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time	8:30am	8:30am	8:30am	8:30am	8:30am
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time	3:45pm	3:45pm	12:30pm	3:45pm	3:45pm

1. Child's Name:

School's Name	School District	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time					
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time					

2. Child's Name:

School's Name	School District	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time					
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time					

3. Child's Name:

School's Name	School District	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time					
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time					

4. Child's Name:

School's Name	School District	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time					
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time					

5. Child's Name:

School's Name	School District	DAYS	Mon	Tue	Wed	Thurs	Fri
		Starting Time					
Year Round School? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Time					

Yes, make changes to my authorized hours of care, to reflect my child/n school schedule

I certify the above information is true and correct.

Parent Signature _____

Date _____

Parent Name _____