Name of Child Care Provider_____

License Number_____

CHILD CARE HOME PROVIDER APPEAL
WEEKLY SCHEDULE OF CHILDREN'S ATTENDANCE

NAMES OF CHILDREN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Complete this form for each child enrolled in your family childcare home, including your own children under 12 years of age, complete the hours the child is in attendance on a daily basis. List children individually even if several children from the same family are enrolled.