CHILD CARE SCHEDULE

This schedule needs be filled out completely. It will let us know where to contact you at all times and how you will be billed. If you have any questions, please see the lab school office or call office at 736-9391, ext. 462.

Child's Name 1)	Birthdate	Child's Room Name	Custodial Parent/Person Responsible for Billing Obligation	Child Care Start Date	Quarter	Year
Child's Name 2)	Birthdate	Child's Room Name	SS# of Custodial Parent/Guarding responsible for billing payment (Optional)		Home Number OR Write 'None"	
Child's Name 3)	Birthdate	Child's Room Name	SID Number (Required) 910-		Cell Number OR Write 'None"	
CIRCLE **ALL** THAT APPLY: *DSHS Approved *Applying for DSHS *Self Paying *Wo *TEEN Student *College Student *Non-Student *Other:			If you are a campus student and would like to be billed in 3 payments, check box ☐		Work Number OR Write "None"	
(OFFICE ONLY) DSHS APPROVAL DATES:	Your mailing address		City	State Zip	Where I Work OR Write 'None'	

1. Make an X in each box (SEE GREYED AREAS BELOW) during the days and times your child will be in our care.
2. IF STUDENT OR WORKING ON CAMPUS, write building & room number where we can locate you at any given time.
3. If NON-STUDENT under 'building & room number', write where you can be reached.

Hours In Care	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
	X	BUILDING	ROOM #	X	BUILDING	ROOM #	X	BUILDING	ROOM #	X	BUILDING	ROOM #	X	BUILDING	ROOM #
7:30-8															
8-8:30															
8:30-9															
9-9:30															
9:30-10															
10-10:30															
10:30-11															
11-11:30															
11:30-12															
12-12:30															
12:30-1															
1-1:30															
1:30-2															
2-2:30															
2:30-3															
3-3:30															
3:30-4															
4-4:30															
4:30-5															
5-5:30															