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: _____
(PO Box/Street) (City/State/Zip)

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")

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____