Rev. 10/1/08

Name of Child Care Provider: _____ **Provider License #:**_____

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

Children's Names	**Child's Birthdate (month/day/year)**	**Child's Enrollment Date**	**Monday** (actual time in care)	**Tuesday** (actual time in care)	**Wednesday** (actual time in care)	**Thursday** (actual time in care)	**Friday** (actual time in care)	**Saturday** (actual time in care)	**Sunday** (actual time in care)

For each child enrolled in your family child care home, include your own children under 12 years of age, <u>and</u> the children you are appealing to care for in your home. You must include the child's birthdate, and the time the child is in attendance on a daily basis. List children individually even if several children from the same family are enrolled.