



## **Child Care Plan**

**Parent 1 Name:**

**Name of Employer, School or Business:**

**Address:**

**Phone Number:**

**Work or School Schedule:**

**Circle days worked/in school: Mon Tues Wed Thu Fri Sat Sun**

**Leaves Home:**

**Returns Home:**

**If days of week or hours vary, please describe:**

**Parent 2 Name:**

**Name of Employer, School or Business:**

**Address:**

**Phone Number:**

**Work or School Schedule:**

**Circle days worked/in school: Mon Tues Wed Thu Fri Sat Sun**

**Leaves Home:**

**Returns Home:**

**If days of week or hours vary, please describe:**

**Briefly describe your child care plan including the type of care, based on the above schedules, including illness and other unexpected:**

- Daycare Provider Outside the home**
- In Home Provider**
- Parent at Home**
- Part-time Parent at Home/Day Care Center**
- Part-time at Home/In Home Provider**

**Date:**