

# CHILD'S ANNUAL CARE PLANS

Please complete an annual care plan for each child  
you are requesting a child care subsidy for.



Applicant Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Please indicate **your** work/training hours  
for each day (ex. 9:00 am – 5:00 pm)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Please indicate the hours of **child care** your  
child will need each day (ex. 8:30 am – 5:30 pm):

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Identify the dates that child care will be needed:

From: \_\_\_\_\_ (month/day/year)

To: \_\_\_\_\_ (month/day/year)

## Eligible Types of Child Care Providers

Please select the type of child care provider you are considering. If you have already selected a child care program,  
please complete the program's information in the space provided below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Licensed Child Care Center   | <input type="checkbox"/> Head Start                        | <input type="checkbox"/> Before and After School – Age Care |
| <input type="checkbox"/> Registered Family Child Care | <input type="checkbox"/> Approved Home Provider            |   |
| <input type="checkbox"/> Summer Day Camp              | <input type="checkbox"/> Department of Education Preschool |   |

Child Care Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# CHILD'S SUMMER CARE PLAN

\*\*\*COMPLETE THIS SECTION ONLY IF YOUR  
CHILD'S CARE WILL CHANGE FOR THE SUMMER\*\*\*



Please indicate the hours of **child care** your  
child will need each day (ex. 8:30 am – 5:30 pm):

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Identify the dates that child care will be needed:

From: \_\_\_\_\_ (month/day/year)

To: \_\_\_\_\_ (month/day/year)

## Eligible Types of Child Care Providers

Please select the type of child care provider you are considering. If you have already selected a child care program, please complete the program's information in the space provided below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Licensed Child Care Center   | <input type="checkbox"/> Head Start                        | <input type="checkbox"/> Before and After School – Age Care |
| <input type="checkbox"/> Registered Family Child Care | <input type="checkbox"/> Approved Home Provider            |   |
| <input type="checkbox"/> Summer Day Camp              | <input type="checkbox"/> Department of Education Preschool |   |

Child Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\*PLEASE NOTE:** If your child requires care on ½ days and vacations days during the school year, you will be responsible to pay for the additional cost of care. Remember to check the **total cost of care for each of your children**. If your provider's cost of care is more than the maximum allowable subsidy amount, you will be expected to pay the balance. This balance is called an excess fee and must be paid in addition to your copay. This Program is not responsible for any additional fees charged by the child care provider, including but not limited to transportation and activity fees.

\*\*\*For Official Use Only\*\*\*

Care Plans were Completed: ☐ In person with applicant(s) Date: \_\_\_\_\_

☐ By phone with applicant(s) Date: \_\_\_\_\_

SCM: \_\_\_\_\_ Family ID#: \_\_\_\_\_ WLS #: \_\_\_\_\_