

COUNTY CODE: 09

PELICAN ID: _____

APPENDIX G: PROVIDER SERVICE SCHEDULE

List the days and hours your provider location offers child care services. Use a separate sheet for each location. Circle AM or PM for each daily start and end time. Only enter time in Session 2 if the location is closed during part of the day, even if you offer multiple shifts. For example if you offer only before- and after-school care, enter 6:00 AM to 9:00 AM in Session 1 and 2:00 PM to 5:00 PM in Session 2. If you offer 24- hour care, place an "X" in the box under "24 Hours".

DAY	<i>Session 1</i>				<i>Session 2</i>				
	START TIME	AM / PM	END TIME	AM / PM	START TIME	AM / PM	END TIME	AM / PM	24 Hours
Monday		AM PM		AM PM		AM PM		AM PM	
Tuesday		AM PM		AM PM		AM PM		AM PM	
Wednesday		AM PM		AM PM		AM PM		AM PM	
Thursday		AM PM		AM PM		AM PM		AM PM	
Friday		AM PM		AM PM		AM PM		AM PM	
Saturday		AM PM		AM PM		AM PM		AM PM	
Sunday		AM PM		AM PM		AM PM		AM PM	