



# Child 2020 School Schedule

*Active child care cases only*

Parent Name: \_\_\_\_\_ Case #: \_\_\_\_\_

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

Please check the appropriate box pertaining to your child's school schedule:

My child will be attending school in person and/or virtually on the following days:  
*(Please check which days the child will be attending virtual and in person at school)*

	Virtual Hours: Start time/End time	In Person Hours: Start time/End time
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

Please complete work schedule for each parent in the section below:

Parent One	Hours: Start time/End time	Parent Two	Hours: Start time/End time
<b>Monday</b>		<b>Monday</b>	
<b>Tuesday</b>		<b>Tuesday</b>	
<b>Wednesday</b>		<b>Wednesday</b>	
<b>Thursday</b>		<b>Thursday</b>	
<b>Friday</b>		<b>Friday</b>	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CPA/Caseworker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact email: \_\_\_\_\_

Please submit this form and any questions to [DCF.FosterCareCC@ks.gov](mailto:DCF.FosterCareCC@ks.gov) or your CPA/Caseworker.  
 You may also call FCCC at 785-368-8594.