



Child 2020 School Schedule

Active child care cases only

Parent Name: _____ Case #: _____

Child's Name: _____ Provider ID: _____

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

- My child will be attending virtual school:
(Please check appropriate days and include start time/end time for each day)

	Hours: Start time/End time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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

	Virtual	In School	Hours: Start time/End time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

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

Parent One:

	Hours: Start time/End time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Parent Two:

	Hours: Start time/End time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent phone number: _____

Please return this form to DCF.cityEES@ks.gov or your nearest DCF Service Center. This form may be dropped off at the local DCF office drop box. Drop boxes are checked regularly.

This form is optional. Changes may also be reported online at the DCF Self-Service Portal [here](#) by setting up an account. You may call your local office or call 1-833-765-2003 (toll free) and you will be directed to the office serving your county.

To apply for child care subsidy, please visit our website at www.dcf.ks.gov.