



# 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
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	

- 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
<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
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	

**Parent Two:**

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

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent phone number: \_\_\_\_\_

Please return this form to [DCF.cityEES@ks.gov](mailto: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](http://www.dcf.ks.gov).