

Authorization for Schools, Hospitals, Faith-Based Institutions, and Other Non-Residential Settings to Expand Access to Child Care

Program Name: _____

Program Address: _____

City/State/Zip: _____

Phone Number: _____

Program Contact/Director

Name: _____

Phone: _____

Email Address: _____

Age Groups Served and Requested Capacity	
Infant 6 weeks - 18 months	
Toddler 18 months - 3 years	
Age 4	
Age 5+	

Hours of Operation	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	