

Kanabec County Family Services
Family Child Care Request for Age-Distribution/Capacity Variance

Provider Name: _____ **Date:** _____

Address: _____ **City:** _____, MN **Zip:** _____

Class of License (circle one): **A** **B1** **B2** **C1** **C2** **C3** **D**

Instructions: Complete this form, including the enrollment form and parent signature form, and return to KCFS. Please allow up to 30 days for a decision. Variances will not be back-dated.

Briefly describe how you will be out of compliance: _____

What alternative measures will you provide so the health, safety, and protection of the children in your care are ensured? _____

Indicate the days of the week, hours, etc for which the variance is needed:

Days Variance Needed	Hours Variance Needed	Maximum # in care under age 11 (include own children)	How many under Kindergarten age?	How many under 2 years of age (30 months for B and D licenses)	Number of adults present
Monday	to				
Tuesday	to				
Wednesday	to				
Thursday	to				
Friday	to				
Saturday	to				
Sunday	to				

Date variance from: ____/____/____ **to:** ____/____/____ **Total # of days:** _____

This variance request is for (check all that apply):

- Over in specific age group
 Infant Toddler Preschooler Schoolager

Over in total capacity by (number of children): _____

This variance request is due to:

- new enrollment new sibling returning child(ren)
 current child(ren) (new schedule and/or age)

Explain: _____

Have you had a variance approved in the last 12 months?

- No Yes **Dates:** _____

Total # of days variance used: _____

Provider Signature: _____ **Date:** _____