Kanabec County Family Services **Name of Provider:** _____

Family Child Care Age Distribution/Capacity Variance – Enrollment Form – REQUIRED **Date:** _____

Instructions: Attach additional sheets if necessary. Please indicate if a child is on a weekly rotating schedule (i.e. Kindergarten e/o day). You may attach additional documents (i.e. monthly calendar) to help explain your variance request.

Child's Name	Date of Birth	Age Group	Monday	Tuesday	Wednes-day	Thursday	Friday	Saturday	Sunday	Check if variance is for this child
Ex: Justa Kidd	1-1-04	SA	7:30 to 5:00	7:30 to 5:00	7:30 to 5:00	7:30 to 5:00	7:30 to 5:00	None	None	✓
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
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			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	
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			To	To	To	To	To	To	To	
			To	To	To	To	To	To	To	