CHILDCARE HOURS

INMATE'S NAME _____ _____
PRINT LAST NAME PRINT FIRST NAME

LOCATION OF CHILDCARE _____
PHONE # OF LOCATION _____

PRIMARY CARETAKER'S NAME _____ _____
PRINT LAST NAME PRINT FIRST NAME

CARETAKER'S EMPLOYER _____
ADDRESS _____

PHONE NUMBER_____ SUPERVISOR'S NAME_____

DAY	DATE	C.C. START TIME	WORK START	WORK END	C.C.END TIME
SUN					
MON					
TUES					
WED					
THUR					
FRI					
SAT					

* ANY CHANGES TO THE ABOVE WILL BE REPORTED TO THE HUBER CENTER VIA TELEPHONE (608 355-3264) OR FAX 355-3464 BY THE PRIMARY CARETAKER'S EMPLOYER. PHONE CALLS OR NOTES BY EITHER PARENT WILL NOT BE A VALID REASON.