



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

Child Support ♦ Day Care ♦ Fair Hearings ♦ Fraud ♦ HEAP ♦ Medicaid ♦ SNAP ♦ Systems ♦ Temporary Assistance

JOHN H. MULROY CIVIC CENTER
421 MONTGOMERY STREET
SYRACUSE, NY 13202
www.ongov.net

Joanne M. Mahoney
County Executive

Sarah G. Merrick
Commissioner

Hours of Child Care

Date: _____

Case Name: _____

Child Care Provider(s): _____

Dear Parent:

Please write in the hours each child will need care for each day of the week (i.e. 8:00 am – 4:00 pm) and sign below.
Thank you.

Children NOT in school (Under 5 Years of Age)

| List Actual Hours in Care | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Week |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|------|
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |

Children IN school (5 Years and Over)

| List Actual Hours in Care | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Week |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|------|
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |

Hours of Care Needed for School Holidays

| List Actual Hours in Care | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Week |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|------|
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |
| Child's Name | | | | | | | | Hrs |

I certify that the above information is accurate and I agree to notify Day Care Services of any changes in hours.

Signature

Date

DC 161.13

To Be completed By Applicant