Municipality of Anchorage
Child Care Licensing Program

FACILITY SCHEDULE REPORTING FORM

Office Use Only

Name of Facility: _____

Name of Administrator: _____

Mailing Address of Facility: _____
(PO Box/Street) (City/State/Zip)

Phone Number: _____ Fax Number:_____ Email Address:_____

Day of Week	Time Open	Time Closed
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Holiday Closures (mark with an "x" the days below you will be closed annually)

☐ Alaska Day ☐ Christmas Day ☐ Easter

☐ Independence Day ☐ Labor Day ☐ Memorial Day

☐ New Year's Day ☐ Presidents Day ☐ Seward's Day

☐ Thanksgiving ☐ Veterans Day

Other Closures (indicate the date or day you will be closed and mark with an "x")

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____