

**Prairie Band Potawatomi Child Care  
Parent Work Schedule/School Schedule – Contact Information  
Form**

Parent/Guardian Name (s): \_\_\_\_\_

NOTES:

**Father's place of employment:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Fax Number: \_\_\_\_\_

Work/Personal Cell Number: \_\_\_\_\_

Circle Days of Employment/School: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle hours of Employment/School:

AM – 6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30  
PM – 12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 4:30 5:00 5:30

**Employer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mother's place of employment:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Fax Number: \_\_\_\_\_

Work/Personal Cell Number: \_\_\_\_\_

Circle Days of Employment/School: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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**Employer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_