



CHILD CARE SERVICE HOURS AUTHORIZATION REQUEST

Service Hours	Weekly Payment Rate
Less than 7 hours per week	Hourly
7 or more and less than 25 hours per week	Part-Time
25 or more and less than 55 hours per week	Full-Time

Child's Name	Date of Birth	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs per Week	Weekly Payment Rate	PFCC* (Y/N)
		N/A						N/A			
		N/A						N/A			
		N/A						N/A			

***Publicly Funded Child Care (PFCC)** requires authorization of the local County Department of Job and Family Services (CDJFS)

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Date: _____

Administrator's Name: _____

Administrator's Signature: _____

Date: _____