| Child Care Center/Group Child Care Home | | | | | |
|---|----------------------------|-----------------------------|----------------------------------|----------------------------------|--|
| ogram Name: | STAFI | WORK S | CHEDULE Date: | | |
| ocation Address: | | | License Number: | | |
| Aailing Address: Program Email: | | | | Phone: Days/Hours of Operation: | |
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| | | | Days/Hours of Operation: | | |
| Staff Name * ♥ | Date of Birth | Position | Work Schedule- Days and Hours | Date Hired | |
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| ace a * (an asterisk) by eac ace a ♥ (a heart) by each p | | | | | |
| же а у та пеатт, пу сасп р | oci son 's name who has ci | arrent of K tranling | RETURN TO: | | |
| repared By: (please pr | rint) | | Date: _ | | |