Names of <u>all</u> children enrolled. You must include your own children who are 10 years and under. <u>List the children you</u> <u>are requesting this variance for at the</u> <u>bottom where indicated.</u>	Check if using a variance for this child	Birthdate	Age	Infant	Toddler Preschooler Schoolage		Monday hours From To		Tuesday hours From To		Wednesday hours From To		Thursday hours From To		Friday hours From To		Total hours per week	
1.	[]																	
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18.	[]																	
19.	[]																	
20.	[]																	
Total number of ch	ildren in e	ach age gr	oup:							•	•	•				•		
child you are requesting this variance for:																		
child you are requesting this variance for:																		
Total of <u>all</u> children in each age group	including the	e variance rec	quest:															

