

Municipality of Anchorage Child Care Licensing Program

Office	Use	Only

FACILITY SCHEDULE REPORTING FORM

Name of Facility:				
Name of Administrator:				
Mailing Address of Facility:				
Phone Number:	(PO Box/Street) Fax Number:	(City/State/Zip)		
Email Address:	Effective Date:			
Day of the 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 and year or holiday you will be closed and mark with an "x")				

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