

Name of Provider: _____
 Date: _____

**Isanti County Family Services
 Child Care Licensing
 Enrollment Form for Variance**

<p>Complete this page <u>only</u> if requesting a variance for capacity.</p>
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Child's Name	Date of Birth	Age Group	Monday	Tuesday	Wednesday	Thursday	Friday
ex: Justa Kidd	1-1-04	Infant	7:30 to 5:00	7:30 to 12:30	to	7:30 to 12:30	7:30 to 5:00
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***Attach additional sheets if necessary**
**** Please indicate if the child is on a weekly rotating schedule (i.e. Kindergarten e/o day)**
***** You may attach additional documents (i.e. monthly calendar) to help explain your variance request**