



**Pleasant Green Pool  
Child Care Provider Request Form  
2018**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Projected number of children from your program: \_\_\_\_\_

Please circle the dates below that you are requesting to attend:

June

M	T	W	TH	F
				<b>1</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>

July

M	T	W	TH	F
<b>2</b>	<b>3</b>		<b>5</b>	<b>6</b>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>30</b>	<b>31</b>			

Please list any dates that you plan to attend in the last week of May or first week of August:

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