Washington County

Community Services

WCCS-72000-58 (10-10)

Request for Variance Enrollment Form

Provider Name_____ **Date:**_____

List the name and birth date of the children **currently** in care including your own children under age 11. Include the child you are requesting a variance for and put * in front of the name.

	Indicate the day and time that each child will be in care.				
Name and Birth Date	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**