



Please **highlight** all of the days your program will operate.  
(You may attach a list of all non-instructional days)

Provider Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

\_\_\_\_\_ Fall \_\_\_\_\_ Spring

AUGUST '16 # OF DAYS _____						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER '16 # OF DAYS _____						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER '16 # OF DAYS _____						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER '16 # OF DAYS _____						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER '16 # OF DAYS _____						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY '17 # OF DAYS _____						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY '17 # OF DAYS _____						
S	M	T	W	Th	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH '17 # OF DAYS _____						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL '17 # OF DAYS _____						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY '17 # OF DAYS _____						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE '17 # OF DAYS _____						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

All Program Classes \_\_\_\_\_ OR Class \_\_\_\_\_

Signed: \_\_\_\_\_ EFS Calendar ID: \_\_\_\_\_  
Date: \_\_\_\_\_ Entered on EFS: \_\_\_\_\_  
BY: \_\_\_\_\_

Fall Program must consist of 540 HRS  
3.0 hours per day = 180 day program  
4.0 hours per day = 135 day program  
5.0 hours per day = 108 day program  
6.0 hours per day = 90 day program

Total amount  
of Days \_\_\_\_\_ x hrs per day \_\_\_\_\_ = \_\_\_\_\_

If you need assistance please call the Provider Enrollment Specialist at  
321-219-6012