

# 2019 Care Arrangement Calendar

Customer CRN:

Child's name:

Please cross out the nights the **child** is in **your care** (generally the number of nights in care is used to determine your level of care). Complete the calendar using a **BLUE** or **BLACK** pen.

	January					February					March					April				
Sun		6	13	20	27		3	10	17	24	31	3	10	17	24		7	14	21	28
Mon		7	14	21	28		4	11	18	25		4	11	18	25	1	8	15	22	29
Tue	1	8	15	22	29		5	12	19	26		5	12	19	26	2	9	16	23	30
Wed	2	9	16	23	30		6	13	20	27		6	13	20	27	3	10	17	24	
Thu	3	10	17	24	31		7	14	21	28		7	14	21	28	4	11	18	25	
Fri	4	11	18	25		1	8	15	22		1	8	15	22	29	5	12	19	26	
Sat	5	12	19	26		2	9	16	23		2	9	16	23	30	6	13	20	27	

  

	May					June					July					August				
Sun		5	12	19	26	30	2	9	16	23		7	14	21	28		4	11	18	25
Mon		6	13	20	27		3	10	17	24	1	8	15	22	29		5	12	19	26
Tue		7	14	21	28		4	11	18	25	2	9	16	23	30		6	13	20	27
Wed	1	8	15	22	29		5	12	19	26	3	10	17	24	31		7	14	21	28
Thu	2	9	16	23	30		6	13	20	27	4	11	18	25		1	8	15	22	29
Fri	3	10	17	24	31		7	14	21	28	5	12	19	26		2	9	16	23	30
Sat	4	11	18	25		1	8	15	22	29	6	13	20	27		3	10	17	24	31

  

	September					October					November					December				
Sun	1	8	15	22	29		6	13	20	27		3	10	17	24	1	8	15	22	29
Mon	2	9	16	23	30		7	14	21	28		4	11	18	25	2	9	16	23	30
Tue	3	10	17	24		1	8	15	22	29		5	12	19	26	3	10	17	24	31
Wed	4	11	18	25		2	9	16	23	30		6	13	20	27	4	11	18	25	
Thu	5	12	19	26		3	10	17	24	31		7	14	21	28	5	12	19	26	
Fri	6	13	20	27		4	11	18	25		1	8	15	22	29	6	13	20	27	
Sat	7	14	21	28		5	12	19	26		2	9	16	23	30	7	14	21	28	