

2020 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		5	12	19	26		2	9	16	23	1	8	15	22	29		5	12	19	26
Mon		6	13	20	27		3	10	17	24	2	9	16	23	30		6	13	20	27
Tue		7	14	21	28		4	11	18	25	3	10	17	24	31		7	14	21	28
Wed	1	8	15	22	29		5	12	19	26	4	11	18	25	1	8	15	22	29	
Thu	2	9	16	23	30		6	13	20	27	5	12	19	26	2	9	16	23	30	
Fri	3	10	17	24	31		7	14	21	28	6	13	20	27	3	10	17	24		
Sat	4	11	18	25	1	8	15	22	29	7	14	21	28	4	11	18	25			

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

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

