

Child Schedule

Child's Name _____

Child's Date of Birth _____

Program (check one)

- Full Time (5 full days a week)
- Full Time (less than 5 full days a week - please check appropriate days)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Part Time morning session (6:30-12:30)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Part Time afternoon session (12:30-6:30)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Arrival Time: _____ Departure Time: _____