

CHILD SCHEDULE FORM

My child(ren): _____

will attend the following days and times beginning _____
(date)

Please indicate in/out times (on the 1/4 hour) for staffing purposes

Monday	Tuesday	Wednesday	Thursday	Friday
IN	IN	IN	IN	IN
OUT	OUT	OUT	OUT	OUT

I agree to adhere to the scheduled times indicated above.

Parent Signature _____ Date _____

Director Signature _____ Date _____