CHILD'S REQUESTED SCHEDULE

Child's Name _____

Grade in 2013-2014 School Year_____ Program Location _____

My child will attend the following: (Please circle component(s) and days requested)

Full Day K5 & 1st-5th Grade Programs

Before Full Day Kindergarten & 1st-5th Grade (From 7:00 AM until the start of school)	**After Full Day Kindergarten & 1st-5th Grade** (From the end of school until 6:00 PM)
M T W Th F	**M T W Th F**

Additional information:_____

_____

Half Day Kindergarten Programs

Before AM Kindergarten (From 7:00 AM until the start of AM K)	**After AMKind/School Dismissal** (End of AM K until School Dismissal Time)	**After AM Kindergarten/6:00 PM** (From the end of AM K until 6:00 PM)
M T W Th F	**M T W Th F**	**M T W Th F**

Additional information:_____

_____

Before PM Kindergarten (From 7:00 AM until the start of PM K)	**After PM Kindergarten** (From the end of PM K until 6:00 PM)
M T W Th F	**M T W Th F**

Additional information:_____

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