Child's Name: _____

Location: _____

Check One: _____ School Year (September through mid-June)

_____ Year Round Continuous Enrollment

CHILD'S REQUESTED SCHEDULE

Infant/Toddler/Early Childhood Programs

_____ 5 Full Days Per Week

_____ 4 Full Days Per Week

_____ 3 Full Days Per Week

NOTE: The Early Childhood teaching staff recommends that children not be in group care for more than 9.5 hours each day. Please talk with us if you have a concern or a question about your child's schedule.

	Please indicate **approximate** time of arrival	Please indicate **approximate** time of departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parent's Signature _____ Date _____