

## Schedule for Extended Care

Child's Name \_\_\_\_\_

Check days your child will attend Extended Care:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Write time your child will attend Extended Care(start and end):

**Open 7:30am -8:45am and 11:30am-4:00pm**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

What Preschool Program will your child be attending?

Tuesday – Thursday \_\_\_\_\_

Monday-Wednesday-Friday \_\_\_\_\_

5-day \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_