

CHILD NAME: _____ Parent Initials _____ Date: _____

Please print clearly and fill in times for in and out. Bus times will be automatically scheduled

MAY 2018 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
APR	30	1		2		3		4	
7		8		9		10		1/2 Day	11
14		15		16		17		18	
21		22		23		24		25	
28		29		30		31		JUN	1
CLOSED									

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: THURSDAY, APRIL 26th

*Schedule changes due a week in advance. Part time billing will be based on schedule.