

CHILD NAME: _____ Parent Initials _____ Date: _____

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

DECEMBER 2018 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
3		4		5		6		7	
10		11		1/2 Day	12	13		14	
17		18		19		20		21	
24		25		26		27		28	
CLOSED		CLOSED		CLOSED		CLOSED		CLOSED	
31		JAN 1	JAN 1	JAN 2	JAN 2	JAN 3	JAN 3	4	
CLOSED		CLOSED							

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: THURSDAY, NOVEMBER 29TH.

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