

CHILD NAME: _____ Parent Initials _____ Date: _____

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

FEBRUARY 2019 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
JAN.	28	JAN.	29	JAN.	30	JAN.	31		1
	4		5	1/2 Day	6		7		8
	11		12		13		14	1/2 Day	15
	18		19		20		21		22
	25		26		27		28	MAR.	1

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: WEDNESDAY, JANUARY 30TH.

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