

CHILD NAME: _____ Parent Initials _____ Date: _____

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

MAY 2019 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
APR	29	APR	30	1		2		3	
6		7		8		9		10	
13		14		15		16		17	
20		21		22		23		24	
27		28		29		30		31	
CLOSED									

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: FRIDAY, APRIL 26th

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