

CHILD NAME: _____

Parent Initials _____

Date: _____

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

AUGUST 2019 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
JULY 29		JULY 30		JULY 31		1		2	
5		6		7		8		9	
12		13		14		15		16	
19		20		21		22		23	
26		27		28		29		30	

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: WEDNESDAY, JULY 31ST.

*Schedule changes due a week in advance. Part time billing will be based on schedule regardless of attendance. Weekly minimum will apply.