

CHILD NAME: _____ Parent Initials _____ Date: _____

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

SEPTEMBER 2019 SCHEDULE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY			
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
2		1/2 DAY		3		4		5		6	
CLOSED		First Day of School									
9		10		11		12		13		13	
16		17		18		19		20		20	
23		24		25		26		27		27	
30 Oct.		1 Oct.		2 Oct.		3 Oct.		4 Oct.		4	

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

HRS/WK: _____

DUE DATE: THURSDAY, AUGUST 29TH.

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