



Weekly Child Schedule

(Appendix A)

Child's Name:

Child's Classroom (Please Circle)	Beech (Infant)	Birch (Toddler)
Maple (Preschool)	Cedar (Preschool)	Willow (School Age)

***By signing this schedule I acknowledge that invoicing for my child is based on this schedule that I turn in. I understand that any changes that occur after Thursday at 6:00p may not be accommodated, and invoicing changes will appear on the following weeks invoice. I may also be charged an inconvenience fee for changes to my schedule not marked on this sheet.*

Printed Name:	Signature:
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Date	Day of the Week	Drop Off Time	Pick Up Time
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		

Notes: _____

Please complete one form per child.