

Children's Names _____

Week Of _____

Day	Time In	Time Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parent's Signature

Date

*Please fax to 256-7699 or place in schedule box at the Child Development Center check in desk, by 11:00am, prior to the week before. *

PLEASE CHECK BELOW ONLY IF YOU ARE NOT A FLEX SCHEDULE.

First Schedule Change	Second Schedule Change	Final Schedule Change

