SCHEDULED DAYS AND HOURS OF CARE

Child's Name: _____ **Date:** _____

Parent/Guardian Name: _____

Please indicate the regularly scheduled days and hours of care for your child.

Day of Week	Scheduled Drop-Off		Scheduled Pick-Up
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Additional Schedule Notes (if needed):

_____

_____

Parent/Guardian Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____