

Schedule Agreement Form

My child's schedule will be (check one)

<input type="checkbox"/> Full time 4-5 days	<input type="checkbox"/> Part time 3 days	<input type="checkbox"/> half day 2½ -up to 4yrs old 8:30-12:00	<input type="checkbox"/> 4K (KUSD) ext care
--	--	--	--

(See separate schedule form for PPRS kindergarten program)

Please list the times your child will be attending* and check the meals your child will typically eat while at the center.

	From	To	Breakfast	Lunch	PM Snack
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

***Please notify the office of changes two-weeks prior. For rotating schedules, please supply us with weekly or monthly schedules in advance.**

I understand that if my child is not going to be attending or will be arriving late, I must call the center before 10:00am to let the office know. I further understand that if I do not call my child in, a phone call will be made to my home or work inquiring as to the whereabouts of my child. This call from the center will be a charge of \$2.00 per call, which will be applied to your account.

Child's Name: _____

Parent Signature: _____

Date: _____