

# GOOD TIME FRIENDS

Bus # \_\_\_\_\_

## Before & After School Child Care Program Weekly Schedule

Child #1 \_\_\_\_\_ Grade/School \_\_\_\_\_  
Child #2 \_\_\_\_\_ Grade/School \_\_\_\_\_  
Child #3 \_\_\_\_\_ Grade/School \_\_\_\_\_

Is this a *consistent* weekly schedule (please circle)? **YES** **NO**

\*\*If NO, please include at minimum a two week schedule.

Week of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|              | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------|--------|---------|-----------|----------|--------|
| Morning/AM   |        |         |           |          |        |
| Afternoon/PM |        |         |           |          |        |

Week of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|              | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------|--------|---------|-----------|----------|--------|
| Morning/AM   |        |         |           |          |        |
| Afternoon/PM |        |         |           |          |        |

Week of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|              | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------|--------|---------|-----------|----------|--------|
| Morning/AM   |        |         |           |          |        |
| Afternoon/PM |        |         |           |          |        |

Week of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|              | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------|--------|---------|-----------|----------|--------|
| Morning/AM   |        |         |           |          |        |
| Afternoon/PM |        |         |           |          |        |

Parent Email (sch. contact): \_\_\_\_\_

Teacher: \_\_\_\_\_

