

# LAKE SHORE PUBLIC SCHOOLS SCHOOL AGE CHILD CARE



## WEEKLY SCHEDULE FORM

(Please place completed forms with payment in payment box)

CHILD(REN) \_\_\_\_\_ Grade(s) \_\_\_\_\_

WEEK OF: \_\_\_\_\_

**PLEASE CIRCLE THE DAYS AND TIMES YOUR  
CHILD WILL ATTEND CENTER.**

<b>M-6:00-6:30-7:00-7:30-8:00-8:15</b>	<b>3:04-3:24-4:00-4:30-5:00-5:30-6:00</b>
<b>T-6:00-6:30-7:00-7:30-8:00-8:15</b>	<b>3:04-3:24-4:00-4:30-5:00-5:30-6:00</b>
<b>W-6:00-6:30-7:00-7:30-8:00-8:15</b>	<b>1:34-1:54-2:00-2:30-3:00-3:30-4:00-4:30-5:00-5:30-6:00</b>
<b>TH-6:00-6:30-7:00-7:30-8:00-8:15</b>	<b>3:04-3:24-4:00-4:30-5:00-5:30-6:00</b>
<b>F-6:00-6:30-7:00-7:30-8:00-8:15</b>	<b>3:04-3:24-4:00-4:30-5:00-5:30-6:00</b>

Please circle the days and times your child(ren) will attend the program. This form is due each week by **Thursday** along with payment for the following week. The program is required by the state of Michigan to maintain specific staff to child ratios and daily activities. This form will assist the staff in maintaining the program quality parents have come to expect. The use of the form will be strictly enforced. Parents who fail to turn in schedules cannot be guaranteed care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_