

LAKE SHORE PUBLIC SCHOOLS
SCHOOL AGE CHILD CARE



WEEKLY SCHEDULE FORM

(Please turn in to the site supervisor)

CHILD (REN) _____ Grade(s) _____

WEEK OF: _____

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

M-6:30-7:00-7:30-8:00-8:15

3:04-3:24-4:00-4:30-5:00-5:30-6:00

T-6:30-7:00-7:30-8:00-8:15

3:04-3:24-4:00-4:30-5:00-5:30-6:00

W-6:30-7:00-7:30-8:00-8:15

1:34-1:54-2:00-2:30-3:00-3:30-4:00-4:30-5:00-5:30-6:00

TH-6:30-7:00-7:30-8:00-8:15

3:04-3:24-4:00-4:30-5:00-5:30-6:00

F-6:30-7:00-7:30-8:00-8:15

3:04-3:24-4:00-4:30-5:00-5:30-6:00

Care is available beginning at 6:15 am when scheduled in advanced.

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 _____