

October 2017

Child's Name(s)

Parent/Guardian Name

SECRET ELEMENTARY
School

Please fill out the scheduling calendar and return to your director. Payments are due at time of scheduling!
Discounts are not applied to drop-ins. You must submit your schedule within 24 hours in advance!
For any questions, contact **your director**. Thanks!



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	
8	9	10	11	12	13	14
	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	Full Day @ Excel	
15	16	17	18	19	20	21
	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	
22	23	24	25	26	27	28
	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	
29	30	31				
	<input type="checkbox"/> AM care <input type="checkbox"/> PM care	<input type="checkbox"/> AM care <input type="checkbox"/> PM care				