

Child's Name(s)

Parent/Guardian Name

School

October 2017

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
	No Program	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	
8	9	10	11	12	13	14
	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	
15	16	17	18	19	20	21
	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	
22	23	24	25	26	27	28
	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care	Full Day @ SOAR	Full Day @ SOAR	
29	30	31				
	<input type="checkbox"/> AM care	<input type="checkbox"/> AM care				