

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 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	3 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	4 Full Day @ OLOL	5 Full Day @ OLOL	6 No Full Day Care Available	7
8	9 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	10 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	11 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	12 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	13 <input type="checkbox"/> AM care PM care	14
15	16 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	17 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	18 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	19 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	20 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	21
22	23 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	24 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	25 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	26 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	27 Full Day @ OLOL	28
29	30 <input type="checkbox"/> AM care <input type="checkbox"/> PM care	31 <input type="checkbox"/> AM care <input type="checkbox"/> PM care				