

School Aged Childcare Variable Schedule 2009 – 2010

Child's Full Name: _____ **Date:** _____

Month: _____ **Child Care Site:** _____

<u>Week of</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM					
PM					

<u>Week of</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM					
PM					

<u>Week of</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM					
PM					

<u>Week of</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM					
PM					

Parent Signature: _____