

Master Schedule

_____ My family will be using a Master schedule. If any changes need to be made I will have the changes in by the close of business on Tuesday for the following week. Unless indicated in writing my master schedule will always be used.

| Child's Name: | | | | | | |
|---------------|--------|-----------|--------|---------|--|--|
| Monday: | Arrive | Pick Up | Arrive | Pick Up | | |
| Tuesday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Wednesday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Thursday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Friday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| | | | | | | |
| Child's Name: | | | | | | |
| Monday: | Arrive | Pick Up | Arrive | Pick Up | | |
| Tuesday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Wednesday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Thursday: | Arrive | _ Pick Up | Arrive | Pick Up | | |
| Friday: | Arrive | _Pick Up | Arrive | Pick Up | | |

_____ My family will not be using the master schedule. We will be using a weekly schedule. We know that all weekly schedules must be turned in by the close of business on Tuesday for the following week.

| This Master Schedule will be effective as of _ | (date |). |
|--|-------|----|
|--|-------|----|

Signature: _____Date: _____