



Holy Family Early Childhood Weekly Schedule

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Schedule for the week of : \_\_\_\_\_

\_\_\_\_\_ We do not have a master schedule we turn in a schedule each week  
\_\_\_\_\_ This is a change in our Master Schedule (only indicate the changes that need to be made for the week)

Day	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Place schedule in the basket no later than close on **Tuesday** to avoid \$5.00 per child late schedule fee plus drop in fee.\*\*\*All unscheduled time will be charged at a DROP IN RATE

Office Use: \_\_\_\_\_ Turned in late \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

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