

WEEKLY PLANNER

Extended Day Care

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Week beginning _____ through _____

*Your schedule is due the Thursday before the week you are planning. This is essential for staffing.

Place your child/ren's name in the time block when they will be picked up. Sample on back.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
2:30 PM					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					

FEES:

	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
Hourly	4.20	3.20	2.20	1.20

(Please see sample on back.)

SAMPLE

Extended Day Care

Time	Monday	Tuesday	Wednesday	Thursday	Friday
2:30 PM					
3:00					
3:30		Tim		Tim	
4:00					
4:30					
5:00	Tim / Mary	Mary		Mary	Tim / Mary
5:30					
6:00					