



CHILD SCHEDULE FORM

Child's name: _____ D.O.B. _____

Schedule effective: _____ to _____

Please provide information indicating days your child will attend and approximate drop off and pick up times for each day. **Your child's tuition is calculated based on this weekly schedule indicated on this form.** This is referred to as "contact billing". We schedule staff, and order and prepare food based on each child's regular schedule.

While we do allow part-time students, part-timers are accepted if space is available that works for the partial week attendance. In the event another child registers requesting full-time attendance preference is given to full-time children. Part-time children can either give up their spot or choose to pay full time rates.

Please use a separate form for each child.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time <i>(Earliest 6:00am)</i>					
Pick Up Time <i>(Latest 5:30pm)</i>					

For school age ONLY: *(Please check option that corresponds with your requested schedule)*

<p><u>Barlow Park, Journey, Murray Park, Quest Schools</u></p> <p>School where child attends _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ad Club: Before School Only <input type="checkbox"/> Ad Club: After School Only <input type="checkbox"/> Ad Club: Before AND After School 	<p><u>Ripon School District 4 Year Old Kindergarten</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> My child is enrolled in AM 4K at RCLC. <ul style="list-style-type: none"> <input type="checkbox"/> We need care before 4K starts <input type="checkbox"/> We need care after 4K ends <input type="checkbox"/> My child is enrolled in PM 4K at RCLC. <ul style="list-style-type: none"> <input type="checkbox"/> We need care before 4K starts <input type="checkbox"/> We need care after 4K ends
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Comments / Clarification of Request:

Parent / Guardian Signature: _____ Date: _____