



PERMANENT SCHEDULE

Child's Name _____

Hours Attending:

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					

I agree that I will be charged for the hours my child is scheduled unless I give the center a 3-day notice. I also agree that I will not bring my child before their scheduled time, or leave them at the center beyond their scheduled time without calling or making previous arrangements with the director.

Parent Signature _____ Date _____

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