



## Days Attending

Before Achool: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_  
8:30am to noon: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_  
11:00am to 3:00pm: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_  
3:00pm to 5:30pm: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

## Emergency Contact

Please list telephone numbers where a parent can be reached before, during and after childcare hours:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

## Pick-up Authorization

The following individuals are authorized to pick up my child from childcare. In case of an emergency, these individuals may be called if I cannot be reached.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please write additional instructions if needed: