

**La Salle Catholic School
Extended Care Program
Child Schedule Form**

Before school hours start at 6:30 a.m.
After school hours go until 6:00 p.m.

Parent's Name: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Is this a permanent schedule? Yes No

Note: If this is not a permanent schedule then your weekly schedule
is due on Thursday for the upcoming week.
Please, return the schedule in the envelope provided.

Morning Extended Care Schedule Week of _____

My child will attend...

Breakfast (please indicate if your child is having
breakfast on the designated days.)

Monday	_____ -7:30 a.m.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tuesday	_____ -7:30 a.m.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Wednesday	_____ -7:30 a.m.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Thursday	_____ -7:30 a.m.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Friday	_____ -7:30 a.m.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Afternoon Extended Care Schedule Week of _____

Monday	3:30 p.m.- _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tuesday	3:30 p.m.- _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Wednesday	3:30 p.m.- _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Thursday	3:30 p.m.- _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Friday	3:30 p.m.- _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Parent Signature: _____

Date: _____