



LAKE SHORE PUBLIC SCHOOLS
Masonic Heights, Rodgers and Violet
SCHOOL AGE CHILD CARE

WEEKLY SCHEDULE FORM

(Please turn in to the site supervisor - Schedules will not be accepted if there is a past due amount.)

CHILD (REN) _____ Grade(s) _____

WEEK OF: _____

PLEASE CIRCLE THE DAYS AND TIMES YOUR CHILD WILL ATTEND CENTER

MONDAY	6:30-7:00-7:30-8:00-8:15	3:04-3:24-4:00-4:30-5:00-5:30-6:00
TUESDAY	6:30-7:00-7:30-8:00-8:15	3:04-3:24-4:00-4:30-5:00-5:30-6:00
WEDNESDAY	6:30-7:00-7:30-8:00-8:15	1:34-1:54-2:00-2:30-3:00-3:30-4:00-4:30-5:00-5:30 6:00
THURSDAY	6:30-7:00-7:30-8:00-8:15	3:04-3:24-4:00-4:30-5:00-5:30-6:00
FRIDAY	6:30-7:00-7:30-8:00-8:15	3:04-3:24-4:00-4:30-5:00-5:30-6:00

Estimated cost of care for this week \$ _____ Payment amount \$ _____ () Cash () Check

This form is due each week by **Thursday** along with payment for the following week. The program is required by the state of Michigan to maintain specific staff to child ratios and daily activities. It is the parents' responsibility to notify SACC of any changes to their child's schedule. A fee may be charged for children who are scheduled and do not attend or who show up without a schedule. The use of the form will be strictly enforced.

Parents who fail to turn in schedules cannot be guaranteed care.

Parent Signature _____ Date _____