



Calico Center Schedule Verification

Name of child: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Total Hours per day					
Lunch (yes or no)					

Name of child: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Total Hours per day					
Lunch (yes or no)					

Name of child: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Total Hours per day					
Lunch (yes or no)					

The above will be my regular schedule with the understanding that I must let the teacher in the classroom know if there will be changes to the above schedule. I also understand that I may only add/change days and times based on availability.

Parent Signature

Print Name

Date