

St. Martin's Out Of School Care Society



****Please Return by March 21st****

Child's/Children's Name(s): _____

Please estimate and record the hours of care needed each day. Remember to allow for traveling time to and from work. If there are any changes to your schedule, please inform Kaitlin via phone call or txt message at 587-280-1550. The monthly schedules are necessary as they help us to plan the programs for the children as well as our full complement of staff members.

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3 Early Dismissal	4	5
8	9	10	11	12
15	16	17	18	19 Good Friday NO SCHOOL
22 Easter Monday NO SCHOOL	23	24	25	26
29	30			

Parent's Signature: _____

**** IMPORTANT NOTICE****

Failure to return completed monthly calendars will result in your child(ren) not being scheduled for care.

They will not be included in our staff/childcare ratio unless we receive a completed calendar.

**** Cancellation Reminder****

Failure to notify the program of unscheduled absences prior to 7:15 a.m. for the morning program and 12:00 p.m. for the afternoon program will result in additional charges.