

St. Martin's Out Of School Care Society



****Please Return by May 25th, 2018****

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 Mrs. J 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 staff requirements.

Children **will** be returning to Out of School Care this fall: _____

Children **will not** be returning to Out of School Care this fall: _____

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------------------------|-----------------------------------|-----------------------------------|
| | | | | 1 |
| 4 | 5 | 6 Early Dismissal | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 Last Day of School!! | 29 PD Day NO SCHOOL |

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.