Kindergarten Half Day Planner

Extended Day Care - ½ Day

Child's (Printed) Name _____ 3K 4K 5K (circle one)

Child's (Printed) Name _____ 3K 4K 5K (circle one)

Please return by Aug 13!

Place your child's name in the time block when they will be picked up. Sample on page 2.

Time	Weds. 8/19	Thurs. 8/20	Fri. 8/21
11:30	XXXXXX		
12:00	XXXXXX		
12:30	XXXXXX		
1:00	XXXXXX		
1:30	XXXXXX		
2:00	XXXXXX		
2:30	XXXXXX		
3:00	XXXXXX		
3:30	XXXXXX		
4:00	XXXXXX		
4:30	XXXXXX		
5:00	XXXXXX		
5:30	XXXXXX		
6:00	XXXXXX		

FEES:

	1st Child	2nd Child	3rd Child	4th Child
Hourly	6.00	5.00	4.00	3.00

(Please see sample on p. 2.)

SAMPLE

Extended Day Care

Time	Wednesday	Thursday	Friday
11:30	**XXXXXX**		
12:00	**XXXXXX**		
12:30	**XXXXXX**		
1:00	**XXXXXX**		
1:30	**XXXXXX**		
2:00	**XXXXXX**		
2:30	**XXXXXX**		
3:00	**XXXXXX**		
3:30	**XXXXXX**		
4:00	**XXXXXX**		
4:30	**XXXXXX**		
5:00	**XXXXXX**	Tim	Tim
5:30	**XXXXXX**		
6:00	**XXXXXX**		