

**For the week of:** \_\_\_\_\_

**Child(ren)'s Name** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Please fill in the following chart to let us know when your child will be attending OST for the upcoming week.

**Please add times.**

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-4:00					
4:00-5:00					
5:00-5:30					

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