



# Bethlehem Lutheran Child Care

## August 2018 Schedule

**PLEASE RETURN BY MONDAY, APRIL 23RD**

Child(ren)'s Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

**What grade will your child be in for the Fall?**

Please check the appropriate line below:

3K \_\_\_\_\_ 2<sup>nd</sup> Gr. \_\_\_\_\_  
 4K \_\_\_\_\_ 3<sup>rd</sup> Gr. \_\_\_\_\_  
 Kind. \_\_\_\_\_ 4<sup>th</sup> Gr. \_\_\_\_\_  
 1<sup>st</sup> Gr. \_\_\_\_\_ 5<sup>th</sup> Gr. \_\_\_\_\_  
 6<sup>th</sup> Gr. \_\_\_\_\_

To ensure accurate scheduling and billing, indicate **each day** that your child will need care by filling in the times for drop off and pickup. If you have more than one child enrolled, use the spaces under the word "Child" to list each child's initials. Please make every effort to return this schedule by the due date. **Schedules submitted after this due date may incur a \$10.00 late fee and there may not be room within the center for your child.**

Monday			Tuesday			Wednesday			Thursday			Friday		
July 30			July 31			1			2			3		
Child	Drop Off	Pick Up	Child	Drop Off	Pick Up	Child	Drop Off	Pick Up	Child	Drop Off	Pick Up	Child	Drop Off	Pick Up
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6			7			8			9			10		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13			14			15			16			17		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
20			21			22			23			24		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	<b>1<sup>st</sup> Day of School LES (K-8)</b>			_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
27			28			29			30			31		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>CENTER CLOSED Wrap Around LES Care Only 6:00-7:45/3:00-6:00</b>		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____