



Child's Name _____

Schedule Beginning (Date) _____

2/3-Year-Old Preschool/Childcare

8:30 AM-11:30 AM with Wrap-around Childcare Available.
You may choose two, three, or five days per week.
2-day preschool held on Tuesday & Thursday
3-day preschool held on Monday, Wednesday, & Friday

4-Year-Old Preschool/Childcare

*Free preschool offered Monday, Tuesday, Wednesday, Thursday
(12 hours) with Friday preschool available as a paid option
Morning preschool – 8:30 AM-11:30 AM
Afternoon preschool – 12:30 PM-3:30 PM
Wrap-around Childcare Available.

*Preference will be given to children who are scheduled full days for the morning preschool sessions.

My child will attend the Early Childhood Center on the following days and hours:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____ 4 Yr old preschool - paid option day

It is important for you to be as accurate as possible since these schedules are used to determine space availability and staffing needs. Thank you for your careful consideration of this matter.

Parent Signature _____ Date _____