

CACCCP Monthly Schedule Form

Child's Name _____

Please fill in the hours your child will be attending the center for the current month.

Month _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
CLOSED						CLOSED
CLOSED						CLOSED
CLOSED						CLOSED
CLOSED						CLOSED
CLOSED						CLOSED

**I understand that I must notify the center at least one hour before my child is scheduled, if for any reason he/she will not be attending daycare as scheduled.

**The center has an answering machine that is on from 6pm to 6am everyday. Messages may be left at any time.

**If wanting to use a vacation day please write your child's name in the calendar located at the entrance of the center in the parent cabinet.

Parent Signature _____