

KIDS CORNER SCHEDULE

If school is closed, feel free to email your schedule to:

dashley@csschools.net, twilson@csschools.net, & tpeters@csschools.net

Child's Name

Teacher

Week Of

Parent Signature

1. Please indicate your drop off and/or pick up times on the days when your child will be attending Kids' Corner.
2. Schedules and payments of contracted fees are to be turned in and paid one week in advance.

	<u>MON</u>	<u>TUES</u>	<u>WED</u>	<u>THURS</u>	<u>FRI</u>
AM					
PM					

Amount Paid: _____ Date: _____ Check# _____

Staff Signature: _____

(required for all payments)