

Early Childhood Student Schedule

Hours of operation: 7:00am - 6:00pm Monday-Friday
Eligible Students: 3 and 4 year old students

School Year: _____

Enrollment & Billing Information:

Families will be billed monthly according to the schedule selected. Please see Tuition Schedule for all current fees and tuition. Please note that depending on enrollment, adding to schedules later in the school year may or may not be an option. Families may select as few as two half-days and up to five full-days. Traditionally, two-day-a-week students attend on Tuesdays and Thursdays, while three-day-a-week students attend on Mondays, Wednesdays, and Fridays. However, you may select any days as needed. A schedule must be completed via this form to hold a child's seat for the school year. Any schedule additions requested will be billed to accounts at that time if the requested time can be accommodated.

Questions: Contact Windy Carroll, Early Childhood Director, at 517-882-3550 Ext. 108.

	<u>Child:</u>	<u>Child:</u>	<u>Child:</u>
	<u>Date of Birth:</u>	<u>Date of Birth:</u>	<u>Date of Birth:</u>
Circle One:	Weekly Schedule: Half-days: 2 3 4 5 Full-days: 2 3 4 5	Weekly Schedule: Half-days: 2 3 4 5 Full-days: 2 3 4 5	Weekly Schedule: Half-days: 2 3 4 5 Full-days: 2 3 4 5
	Monday <input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	Monday <input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	Monday <input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___
Tuesday	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___
Wednesday	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___
Thursday	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___
Friday	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___	<input type="checkbox"/> Full Day: From ___ to ___ <input type="checkbox"/> Part Time: From ___ to ___

I understand that if my child is at Our Savior during lunchtime I will need to provide a lunch from home or purchase a hot lunch from the school lunch program. I also understand that I will be pre-billed for the days that I have signed up for. There will be no refunds for absences for any reason. This is due to the fixed cost of running the program. A two-week written notice is required for a permanent change in your child's schedule.

I have read the information in the Early Childhood Handbook (available on the website www.oursaviorlansing.org) and agree to support the information and policies. I understand that my failure to do so may result in the exclusion of my child from the program. I understand payments that are 2 weeks behind will result in exclusion of my child from Extended Care.

I understand that the Our Savior Early Childhood Programs maintain a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans and that it is available to parents for review during regular business hours. Reports from at least the last two years are also available at www.michigan.gov/michildcare.

Parent's names & Daytime Phone numbers: _____

Parent Signature _____ Date _____