

The Early Years, Inc
Child Care Center

Parent Name _____

Date _____

Child's Name _____

Please check (X) the days and times your child will be here.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
6:00-6:30 am					
6:30-7:00 am					
7:00-7:30 am					
7:30-8:00 am					
8:00-8:30 am					
8:30-9:00 am					
9:00-9:30 am					
9:30-10:00 am					
10:00-10:30 am					
10:30-11:00 am					
11:00-11:30 am					
11:30-12:00 am					
12:00-12:30 pm					
12:30-1:00 pm					
1:00-1:30 pm					
1:30-2:00 pm					
2:00-2:30 pm					
2:30-3:00 pm					
3:00-3:30 pm					
3:30-4:00 pm					
4:00-4:30 pm					
4:30-5:00 pm					
5:00-5:30 pm					
5:30-6:00 pm					