



Extended Care Projected Attendance

Billing Period: August/ September

Dear Parent/ Guardian,

Please complete the following Projected Attendance Form stating what days you plan to have your child(ren) attend Extended Care. **In the event that there is a change to your intended schedule then please notify the school office as soon as possible to ensure that the classroom teacher can be informed prior to dismissal.**

Child(ren)'s name(s) & Grades: _____

Estimated time for pick-up? _____

Please write an X on the days that you intend your child(ren) to attend Extended Care. The shaded days are the days that no Extended Care is offered.

<u>August '18</u>						
<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>	<u>S</u>
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

<u>September '18</u>						
<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>	<u>S</u>
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29