



Time Schedule

Provider _____ Phone _____

Address _____

Month _____

Child's Name Use same child's # as on attendance & meal count	Arrival Time	School Departure if applicable	Arrival From School if applicable	Going Home
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				