

ISD 191 Community Education Child Care Calendar

Kindergarten- 5th Graders

Child's Name: _____ School _____

Please complete a calendar & return to your child care Coordinator by March 18, 2022.

1. Please select the care session your child will be attending each day.
2. AM & PM Care hours 7:00-9:15 & 3:45-5:30.
3. If your child/ren will be absent or leaving early, please contact the Child Care site your child attends.

Please check the monthly schedule as indicated on your child care contract

Consistent Schedule
 Flexible Schedule
 Drop In Schedule

April 2022

SUN	MON	TUES	WED	THUR	FRI	SAT
					1 FULL DAY YES <input type="checkbox"/> NO <input type="checkbox"/>	2
3	4 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	5 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	6 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	7 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	8 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	9
10	11 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	12 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	13 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	14 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	15 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	16
17	18 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	19 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	20 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	21 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	22 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	23
24	25 FULL DAY YES <input type="checkbox"/> NO <input type="checkbox"/>	26 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	27 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	28 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	29 AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/>	30

Please write your name and number below so we can reach you between 7:00-5:30.

X _____ PHONE _____