

Summer Break by Project KIDS GTI Wrap Around Care Participant Calendar

All participants are required to complete the calendar below indicating your child's attendance needs. Return a copy of this calendar, containing your child's schedule before June 10, to Summer Break PK Staff. Calendars received after the designated due date are subject to a \$5 late fee.

Child/ren Name(s): _____

Please indicate your attendance needs: **Mon - Thurs AM – 7:00 -9:00 PM – 4:00 – 5:30**

June 20-August 5, 2022

SUN	MON	TUES	WED	THUR	FRI	SAT
June	20 <input type="checkbox"/> AM <input type="checkbox"/> PM	21 <input type="checkbox"/> AM <input type="checkbox"/> PM	22 <input type="checkbox"/> AM <input type="checkbox"/> PM	23 <input type="checkbox"/> AM <input type="checkbox"/> PM	24 <input type="checkbox"/> AM <input type="checkbox"/> PM	25
26	27 <input type="checkbox"/> AM <input type="checkbox"/> PM	28 <input type="checkbox"/> AM <input type="checkbox"/> PM	29 <input type="checkbox"/> AM <input type="checkbox"/> PM	30 <input type="checkbox"/> AM <input type="checkbox"/> PM	July 1 CHILD CARE CLOSED	2
10 July	11 <input type="checkbox"/> AM <input type="checkbox"/> PM	12 <input type="checkbox"/> AM <input type="checkbox"/> PM	13 <input type="checkbox"/> AM <input type="checkbox"/> PM	14 <input type="checkbox"/> AM <input type="checkbox"/> PM	15 <input type="checkbox"/> AM <input type="checkbox"/> PM	16
17	18 <input type="checkbox"/> AM <input type="checkbox"/> PM	19 <input type="checkbox"/> AM <input type="checkbox"/> PM	20 <input type="checkbox"/> AM <input type="checkbox"/> PM	21 <input type="checkbox"/> AM <input type="checkbox"/> PM	22 <input type="checkbox"/> AM <input type="checkbox"/> PM	23
24	25 <input type="checkbox"/> AM <input type="checkbox"/> PM	26 <input type="checkbox"/> AM <input type="checkbox"/> PM	27 <input type="checkbox"/> AM <input type="checkbox"/> PM	28 <input type="checkbox"/> AM <input type="checkbox"/> PM	29 <input type="checkbox"/> AM <input type="checkbox"/> PM	30
31	August 1 <input type="checkbox"/> AM <input type="checkbox"/> PM	2 <input type="checkbox"/> AM <input type="checkbox"/> PM	3 <input type="checkbox"/> AM <input type="checkbox"/> PM	4 <input type="checkbox"/> AM <input type="checkbox"/> PM	5 <input type="checkbox"/> AM <input type="checkbox"/> PM	6

Parent Name & Phone Number