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Today's Date:		Child's Name		
		Child's D.O.B		
	,			
Parent/Guardian(s)				
Names:				
Parent/Guardian(s)				
Phone Numbers:				
Parent/Guardian(s)				
Email(s)				September 1997
GLTS Job Titile:				
Hopeful Start Date:				
Weekly Attendance Schedule				
Monday	Tuesday	Wednesday	Thursday	Friday
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