

# CAPS Care Child Schedule

Monday-Friday

6:00am-6:00pm

Child Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Day of Week	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**\*Please provide a general schedule. If the child's schedule alternates every other week, please fill out another schedule and provide the weeks they will each apply.**

**\*\*Please give staff at least one day notice of a change in schedule.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_