



LITTLE
LAMBS
LUTHERAN
PRESCHOOL

WRAP AROUND CARE SCHEDULE

CHILD'S FIRST AND LAST NAME

MONTH/YEAR

Fill in child's name, month, and signature. Complete the form for the entire month. If using before care, place an "x" in the 7:30am block. If using after school care, place an "x" in the time you will be picking up.

WEEK 1	AM	PM	WEEK 2	AM	PM
MONDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	MONDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
TUESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	TUESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
WEDNESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	WEDNESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
THURSDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	THURSDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
FRIDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	FRIDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM

WEEK 3	AM	PM	WEEK 4	AM	PM
MONDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	MONDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
TUESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	TUESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
WEDNESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	WEDNESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
THURSDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	THURSDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
FRIDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM	FRIDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM

WEEK 5	AM	PM
MONDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
TUESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
WEDNESDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
THURSDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM
FRIDAY	<input type="checkbox"/> 7:30AM	<input type="checkbox"/> 4:30PM <input type="checkbox"/> 5:30PM

PARENT SIGNATURE