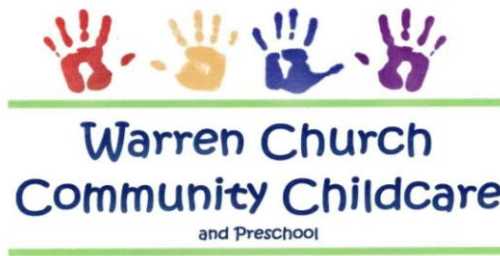


4 Sackett Hill Road
Warren, CT 06754



Tel: (860) 868-2236

SCHEDULE REQUEST

Date: _____ Child's Name: _____ Age: _____

Enrollment Period (check one): ___ Year-Round Schedule (Sept-Aug) ___ School Schedule (Sept-June)

Please indicate your preferred schedule by checking options and indicating desired drop-off and pick-up times below. The Childcare is open from 7:15 am to 5:30 pm.

Childcare Program:

___ Full-Time (25+ hours/week) ___ Part-Time (min. of 5 hours/week) ___ Full-Time with Preschool

___ Infant (6 wks – 18 mo.) ___ Toddler (18 mo. – 36 mo.)

MON from _____ am/pm to _____ am/pm ___ hours

TUE from _____ am/pm to _____ am/pm ___ hours

WED from _____ am/pm to _____ am/pm ___ hours

THU from _____ am/pm to _____ am/pm ___ hours

FRI from _____ am/pm to _____ am/pm ___ hours **Total** ___ hours/week

Preschool Program (minimum 3-days/week, 9:00am - 12:30pm): ___ 3-year-old ___ 4-year-old

___ MON ___ TUE ___ WED ___ THU ___ FRI **Total** ___ days/week

School Age Program (Sept-June only): ___ AM only (7:15a-8:45a) ___ PM only (3:30p-5:30p) ___ AM & PM

___ MON ___ TUE ___ WED ___ THU ___ FRI **Total** ___ days/week

___ AM only ___ AM only ___ AM only ___ AM only ___ AM only

___ PM only ___ PM only ___ PM only ___ PM only ___ PM only

___ AM & PM ___ AM & PM ___ AM & PM ___ AM & PM ___ AM & PM

I understand that I am contracting with Warren Church Community Childcare for the above designated schedule. I understand that this schedule may be changed, with two-week's written notice, and that approval of change requests are dependent upon the needs and staffing of the Childcare. I understand that changes to this schedule may affect my weekly tuition payment and may require a new Financial Contract.

Parent/Guardian Signature

Date