Child(ren)’s School Schedule

The following information is needed in order to determine the accurate amount of hours for subsidized childcare services. Please fill in the following information for each child of school age.

<table>
<thead>
<tr>
<th>Parent Name: __________________________</th>
<th>School Year: __________</th>
</tr>
</thead>
</table>

**CHILD #1**
Name: __________________________
Age: __________
School Name: __________________________
Grade: __________
Schedule: Start Time: __________ End Time: __________
Early Out Day: M□ T□ W□ TH□ F□
Early Out End Time: __________

**CHILD #2**
Name: __________________________
Age: __________
School Name: __________________________
Grade: __________
Schedule: Start Time: __________ End Time: __________
Early Out Day: M□ T□ W□ TH□ F□
Early Out End Time: __________

**CHILD #3**
Name: __________________________
Age: __________
School Name: __________________________
Grade: __________
Schedule: Start Time: __________ End Time: __________
Early Out Day: M□ T□ W□ TH□ F□
Early Out End Time: __________

**CHILD #4**
Name: __________________________
Age: __________
School Name: __________________________
Grade: __________
Schedule: Start Time: __________ End Time: __________
Early Out Day: M□ T□ W□ TH□ F□
Early Out End Time: __________

**CHILD #5**
Name: __________________________
Age: __________
School Name: __________________________
Grade: __________
Schedule: Start Time: __________ End Time: __________
Early Out Day: M□ T□ W□ TH□ F□
Early Out End Time: __________