



Enrollment Schedule

Effective Date: _____

Child's Name: _____ Class: _____

Parent/Guardian's Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Days and Hours Contracted

Drop-Off M _____ T _____ W _____ Th _____ F _____

Pick-Up M _____ T _____ W _____ Th _____ F _____

Comments: _____

Signature: _____ Date: _____

Schedules need to be consistent from week to week. **Full-time care is a nine-hour day. A new schedule form is required one week prior to a permanent schedule change. We also require two weeks notice prior to termination of care.** All changes must be confirmed with an administrator before the child can attend as it is imperative we maintain the appropriate staff-child ratios. Thank you!

*This form cannot be used for children enrolled in RI Pre-K. A Before and After Care Schedule form must be used.