

August September 2017

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" After Care must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from			30	31	1	
	4 <i>No School No Care Labor Day</i>	5	6	7	8	
	11	12	13	14	15	
	18	19	20	21	22	
	25	26	27	28	29	

October 2017

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from	2	3	4	5	6	
	9	10	11	12	13	
	16	17	18	19	20	
	23 <i>No School</i> <i>No Cares</i>	24 <i>No School</i> <i>No Cares</i>	25	26	27	
	30	31				

November 2017

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from			1	2	3	
	6	7	8 <i>Early Dismissal</i>	9 <i>Early Dismissal</i>	10 <i>No School</i> <i>No Cares</i>	
	13	14	15	16	17	
	20	21	22 <i>Early Dismissal</i> <i>BC & AM Ext Care only</i> <i>No PM Ext or After Care</i>	23 <i>No School</i> <i>No Cares</i>	24 <i>No School</i> <i>No Cares</i>	
	27	28	29	30		

December 2017

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from					1	
	4	5	6	7	8	
	11	12	13	14	15	
	18	19	20	21	22 No School No Cares	
	25 No School No Cares	26 No School No Cares	27 No School No Cares	28 No School No Cares	29 No School No Cares	

January 2018

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from	1 <i>No School</i> <i>No Cares</i>	2 <i>No School</i> <i>No Cares</i>	3	4	5	
	8	9	10	11	12 <i>Early Dismissal</i>	
	15	16	17	18	19	
	22	23	24	25	26	
	29	30	31			

February 2018

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from				1	2	
	5	6	7	8 <i>Early Dismissal</i>	9 <i>No School No Cares</i>	
	12	13	14	15	16	
	19	20	21	22	23	
	26	27	28			

March 2018

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from				1	2	
	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23 Early Dismissal	
	26	27	28	29 Early Dismissal <i>BC & AM Ext Care only</i> <i>No PM Ext or After Care</i>	30 No School No Cares	

April 2018

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from	2 <i>No School</i> <i>No Cares</i>	3 <i>No School</i> <i>No Cares</i>	4 <i>No School</i> <i>No Cares</i>	5 <i>No School</i> <i>No Cares</i>	6 <i>No School</i> <i>No Cares</i>	
	9	10	11	12	13	
	16	17	18	19	20	
	23	24	25	26	27	
	30					

May 2018

Child(ren) Names _____

Submit Date _____

Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from		1	2	3	4	
	7 <i>No School</i> <i>No Cares</i>	8	9	10	11	
	14	15	16	17	18	
	21	22	23	24	25	
	28 <i>No School</i> <i>No Cares</i>	29	30	31		

June 2018

Child(ren) Names _____

Submit Date _____

*Please indicate on days care is needed children's names and "B"efore, "A"fter
"E"xtended Care*

"XMS" must be submitted to XMS After Care staff

	Mon	Tue	Wed	Thu	Fri	
Indicate activities child is to go to or return from					<i>1</i>	
	<i>4</i>	<i>5</i>	<i>6 10:30 am Dismissal No PM Care</i>			