

Choices for Children

Child Development Incorporated
Child School Schedule

Parent Name: _____

Date: _____

Child #1 Name: _____ Age: _____
Race: _____ Primary Home Language: _____
Is child in school? Yes No
Name of school: _____ Grade: _____
School district: _____
Schedule: _____ From: _____ To: _____
Early out: _____ Day: _____ To: _____
Care needed: Before school After school
Full-time care Vacations No care needed

Child #2 Name: _____ Age: _____
Race: _____ Primary Home Language: _____
Is child in school? Yes No
Name of school: _____ Grade: _____
School district: _____
Schedule: _____ From: _____ To: _____
Early out: _____ Day: _____ To: _____
Care needed: Before school After school
 Vacations No care needed

Child #3 Name: _____ Age: _____
Race: _____ Primary Home Language: _____
Is child in school? Yes No
Name of school: _____ Grade: _____
School district: _____
Schedule: _____ From: _____ To: _____
Early out: _____ Day: _____ To: _____
Care needed: Before school After school
 Vacations No care needed

Child #4 Name: _____ Age: _____
Race: _____ Primary Home Language: _____
Is child in school? Yes No
Name of school: _____ Grade: _____
School district: _____
Schedule: _____ From: _____ To: _____
Early out: _____ Day: _____ To: _____
Care needed: Before school After school
 Vacations No care needed