After School Program Scheduling Form

For the month of	: ·	, or , or		
Child's Name:				
My child will att	tend the After S	chool Program on the	following days a	nd times:
Monday	Tuesday	Wednesday	Thursday	Friday
Parent's Signature		Date		

Reminder: Parents are financially responsible for paying for the above dates unless one week's notice is given or your child is sick from school.

If using this form weekly, it must be turned in to the ASP personnel by Thursday 5:00 pm the week prior. You will be notified if space is not available.