

**After School Program
Scheduling Form**

For the week of: _____, or
For the month of: _____, or
For the entire 2021-22 school year: _____

Child's Name: _____

My child will attend the After School Program on the following days and 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 on a weekly basis, it must be turned into the ASP personnel by Thursday 5:00pm the week prior. You will be notified if space is not available.