



Office Phone: 559-624-2170 Fax: 559-635-6234 Email: kkcmainoffice@kaweahhealth.org

PLEASE COMPLETE AND RETURN TO THE CENTER IN PERSON, BY FAX OR EMAIL (if you email a schedule please be sure to put your child's name, complete time needed; am to pm on the memo)

Children's Child Care Schedule

Child's Name		Classroom	ClassroomDate:		
Please use one	schedule page per family if children	are on the same schedule			
following Mor	nsure space <mark>, schedules are du</mark> nday – Friday. If your schedul us week was scheduled.				
	hedule is a constant schedule ges that may occur ahead of t		I will notify yo	u of any specific	
Week #1		Week #	Week #2		
Date	Day Time			Time	
	Monday		Monday		
Tuesday Wednesday Thursday Friday		_	Tuesday Wednesday Thursday Friday		
		_			
		_			
		_			
Week #3		Week #	4		
	Monday		Monday		
Tuesday Wednesday Thursday			Tuesday Wednesday Thursday		
	Friday	_	Friday		
Week #5		Week #6	<u> </u>		
	Mondov		Monday		
	Monday		Monday Tuesday		
Tuesday Wednesday					
	Weunesday Thursday				
	Friday				