

Saint Luke Christian Care
Attendance Schedule Form- 1st Term
 If you have any questions, please email Allison Witowicz at awitowicz@saintlukeitasca.org

Parent/ Legal Guardian’s Name: _____

Child’s Name: _____

School: _____ Grade: _____

Please indicate your child’s weekly attendance schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
All Day Care *Include Times					
After School Care					

If you need to make a permanent change to your child’s schedule, please re-fill out the above weekly attendance schedule. A permanent change will be accepted but held to one per term. 1st term is August 21, 2019- December 31, 2019.

A permanent schedule change will be accepted with **NO Fee** but held to one per term with a 2-week notice. You will be charged an additional fee of **\$25** for any temporary schedule changes. Additionally, a **\$25 DROP-IN fee** (per day/ per child) will be applied to accounts where a child is not scheduled for that day but attends. Thank you!

Signature: _____

Date: _____