

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	✓	✓ <hr/>	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	✓	✓	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	✓	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>