



Aftercare Pick-Up Form

Name(s) of Child(ren)

1. _____
2. _____
3. _____

Please indicate the pick-up time for each day.					
	3:30 p.m.	4:00 p.m.	4:30 p.m.	5:00 p.m.	5:30 p.m.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Any specific instructions:

Note:

- This form can be submitted for the whole year or a week or month at a time.
- This form should be returned to your child's teacher.