**Hours of Operation**

**AMITOT Form**

**Name of School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Head of School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Before School:** |
| **Director:** |
| **Hours of Operation** | **Ages** |
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| **School:** |
| **Director:** |
| **Hours of Operation** | **Ages** |
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| **After School:** |
| **Director:** |
| **Hours of Operation** | **Ages** |
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