



Student Location Form

Subsidy Family: Yes _____ No _____
Semester _____ Year _____

Name of Child: _____ Date: _____

- ◊Bambini 1 ◊Bambini 2 ◊Bambini 3 ◊La Casita 1 La Casita 2 ◊La Casita 3
- ◊ Casa 1 ◊Casa 2 ◊ Casa 3

CURRENT WEEKLY SCHEDULE				
TO MONDAY	TO TUESDAY	TO WEDNESDAY	TO THURSDAY	TO FRIDAY

LOCATION CHART

PLEASE NOTE CLASS NAME, BUILDING, AND ROOM NUMBER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30: AM				
8:00: AM				
8:30: AM				
9:00: AM				
9:30: AM				
10:00: AM				
10:30: AM				
11:00: AM				
11:30: AM				
12:00: PM				
12:30: PM				
1:00: PM				
1:30: PM				
2:00: PM				
2:30: PM				
3:00: PM				
3:30: PM				
4:00: PM				
4:30: PM				
5:00: PM				
5:30: PM				
6:00: PM				

PARENT NAME _____ CELL PHONE _____

E-mail _____

If you do not have a class scheduled, but your child is at the Center, please designate a usual place you can be located. If you are staff/faculty you need only complete this portion of the form.

Days	Time	Location	Phone Number

Reason for schedule change: _____ Date you would like the change to begin: _____

OFFICE USE ONLY: Approved By _____ Effective Date _____