



5/10

\_\_\_\_\_  
Parent/Family Name

**VARIABLE SCHEDULE FORM**

Variable Schedule Policy:

1. A signed "Parent Agreement – Schedule A" specifying variable schedules must be on file.
2. CLC reserves the right to deny variable schedule requests.
3. Infants and Toddlers will not be admitted on variable schedules.
4. A minimum of three (3) days' daily fees will be charged for children who attend on a variable schedule.
5. Fees are to be paid in advance in accordance with CLC policy.

Child(ren)'s Name(s): \_\_\_\_\_ will attend:

	Week of _____	Week of _____	Week of _____
Mon	from _____ to _____	from _____ to _____	from _____ to _____
Tues	from _____ to _____	from _____ to _____	from _____ to _____
Wed	from _____ to _____	from _____ to _____	from _____ to _____
Thurs	from _____ to _____	from _____ to _____	from _____ to _____
Fri	from _____ to _____	from _____ to _____	from _____ to _____

	Week of _____	Week of _____	Week of _____
Mon	from _____ to _____	from _____ to _____	from _____ to _____
Tues	from _____ to _____	from _____ to _____	from _____ to _____
Wed	from _____ to _____	from _____ to _____	from _____ to _____
Thurs	from _____ to _____	from _____ to _____	from _____ to _____
Fri	from _____ to _____	from _____ to _____	from _____ to _____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date