

## Saint Luke Christian Care

### Attendance Schedule Form – 1<sup>st</sup> Term

If you have any questions, please email Monica Ramirez at  
[mramirez@saintlukeitasca.org](mailto:mramirez@saintlukeitasca.org)

Parent/ Legal Guardian's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate your child's weekly attendance schedule:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Before & After School Care					
Half Day Care *Include Times*					
All Day Care *Include Times*					

If you need to make a permanent change to your child's schedule, please re-fill out the above weekly attendance schedule. A permanent will be change will be accepted, but held to one per term.

**1<sup>st</sup> Term is August 2024 - December 2024.**

A permanent schedule change will be accepted with **NO FEES** but held to one per term with a 2-week notice. You will be charged an additional fee of **\$25** for any temporary schedule changes. Additionally, a **\$25 DROP-IN FEE** (per day/per child) will be applied to accounts where a child is not scheduled for that day but attends. Thank you!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_