

Heart of the Shepherd Child Development Center
Fall 2009 Schedule Request Form

Child's Name _____ Date of Birth _____
Parents' Name(s) _____

1st Schedule Choice

___ Early Care Session 6:30 a.m.-8:00 a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Morning Session 8:00 a.m.-11:30 a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Lunch/Rest Session 11:30a.m.-1:30p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Afternoon Session 1:30 p.m.-5:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Late Care Session 5:00 p.m.-6:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Full Day 6:30 a.m. -6:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Before School Care 6:30a.m.-9:00a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ After School Care 4:00p.m.-6:00p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri

2nd Schedule Choice

___ Early Care Session 6:30 a.m.-8:00 a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Morning Session 8:00 a.m.-11:30 a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Lunch/Rest Session 11:30a.m.-1:30p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Afternoon Session 1:30 p.m.-5:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Late Care Session 5:00 p.m.-6:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Full Day 6:30 a.m. -6:00 p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ Before School Care 6:30a.m.-9:00a.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri
___ After School Care 4:00p.m.-6:00p.m. ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri

Every effort will be made to offer families their first choice of sessions and days. Children will be enrolled in classrooms/programs corresponding to their birth date and age. A \$50.00 registration fee will need to accompany this Schedule Request Form. A \$50.00 registration fee is charged each academic year. Schedule Requests will be granted on a first come/first serve basis and be subject to availability. Parents will be notified of their child's schedule within one month after this form is received. Upon acceptance of the schedule, the Enrollment Contract will need to be signed, returned and accompanied by the corresponding Deposit of 2 weeks tuition.

For Office Use Only: Date Received _____ Check # _____