Atlantic Montessori
Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE
## ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

### PROGRAM HOURS

**BEFORE CARE**
Monday–Friday
7:00 AM – 8:00 AM

**AFTERCARE**
**Dismissal Times**
Monday, Tuesday, Thursday, Friday: 3:00 PM
**Wednesday: 2:00 PM (Early Dismissal)**

**PART-TIME**
Monday–Friday
3:00 PM – 4:30 PM

**FULL-TIME**
Monday–Friday
3:00 PM – 6:00 PM

**On Wednesdays, dismissal is at 2:00 PM.**
**Aftercare will follow the same hours as listed above.**

### INSIDE THIS PACKET

- Parent & Student Information
- Program Information
- Tuition, Fees & Payment Agreement
- Parent Policies & Expectations
- Authorized Pick-Up & Emergency Contacts
- Medical Information & Permissions
- Photo / Media & Technology Permissions
- Parent Agreement & Signatures
- Enrollment Checklist

### SCHOOL INFORMATION

**ADDRESS**
2550 South Flamingo Road
Davie, FL 33325

**PHONE**
(954) 423-9704

**EMAIL**
documents@amcharterschool.org

**WEBSITE**
amcharterschool.org

PARENT / GUARDIAN NAME: _____

STUDENT NAME(S): _____

GRADE(S): _____

DATE: _____

**OFFICE USE ONLY**

DATE RECEIVED: _____

RECEIVED BY: _____

ENROLLMENT STATUS:

☐ PENDING ☐ APPROVED ☐ WAITLIST ☐ INCOMPLETE

*Thank you for choosing Atlantic Montessori Charter School!*

We look forward to providing your child with a safe, engaging, and enriching before and after school experience.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE
## ENROLLMENT PACKET
2026–2027 SCHOOL YEAR

## ★ PARENT & STUDENT INFORMATION ★

Please complete all information below. This information helps us ensure the safety and well-being of your child.

### STUDENT INFORMATION

| | | | |
|---|---|---|---|
| Student's Full Name (First, Middle, Last) | | Nickname | |
| Date of Birth | Grade (2026–2027) | Teacher (2026–2027) | |
| Home Address | City | State | Zip Code |
| Gender ☐ Male ☐ Female ☐ Prefer not to say | Primary Language | | |
| Does your child have any siblings currently enrolled at AMCS? ☐ Yes ☐ No If yes, please list their name(s): _____ | | | |

### PARENT / GUARDIAN INFORMATION

| PARENT / GUARDIAN 1 | PARENT / GUARDIAN 2 |
|---|---|
| Full Name | Full Name |
| Relationship to Student | Relationship to Student |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| Email Address | Email Address |
| Employer | Employer |

Mailing Address (if different from student's address) _____

City _____ State _____ Zip Code _____

**Please notify the school office immediately of any changes to the information provided in this packet.**
Keeping your information up to date helps us keep your child safe.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## PROGRAM INFORMATION

Our Before Care & Aftercare Program provides a safe, structured, and engaging environment where students can learn, play, complete homework, and participate in supervised activities before and after the school day.

### PROGRAM HOURS

#### BEFORE CARE

Monday – Friday

**7:00 AM – 8:00 AM**

Students are supervised before the start of the school day.

#### AFTERCARE

**REGULAR SCHOOL DAYS**

Monday, Tuesday, Thursday & Friday

Dismissal at 3:00 PM

| PART-TIME | FULL-TIME |
|---|---|
| 3:00 PM – 4:30 PM | 3:00 PM – 6:00 PM |

**WEDNESDAY EARLY DISMISSAL**

Dismissal at 2:00 PM

| PART-TIME | FULL-TIME |
|---|---|
| 2:00 PM – 4:30 PM | 2:00 PM – 6:00 PM |

Program hours adjust automatically on Wednesdays to match the school's early dismissal schedule.

### DAILY ACTIVITIES

Students may participate in:

- Homework time
- Arts & crafts
- Educational games
- Indoor & outdoor recreation
- Reading time
- Group activities
- Healthy afternoon snack (Aftercare only)

### STUDENTS SHOULD BRING

- A labeled water bottle
- Homework (if applicable)
- A book or reading material (optional)
- Any teacher-required classroom materials

### PLEASE NOTE

- Students must always be signed out by an authorized adult.
- Full-Time Aftercare ends promptly at 6:00 PM.
- Late pick-up fees are outlined in the Tuition & Fee Schedule.
- Additional program policies are included later in this packet.

If you have any questions about our Before Care & Aftercare Program, please contact the school office at (954) 423-9704 or email documents@amcharterschool.org.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## TUITION FEES & PAYMENT AGREEMENT

Our Before Care & Aftercare Program offers flexible enrollment options to meet the needs of our families.

### PAYMENT INFORMATION

- ✓ Monthly tuition payments are due on the **first school day** of each month.
- ✓ Drop-in care is billed every Friday for the previous week's attendance.
- ✓ All payments will be charged to the card on file.
- ✓ If you need to make a payment over the phone, please call the school office.
- ✓ You may update the card on file at any time by contacting the school office.
- ✓ A late fee will be added to your unpaid balance if payment is not received **7 days after the due date**.
- ✓ All returned payments are subject to a $25 returned payment fee.

### PAYMENT DUE DATES

Monthly tuition is due on the **first school day** of each month.

**Example:** If September 1 falls on a weekend, tuition is due on the first school day of September.

Payments are due on time to avoid late fees and interruptions in care.

### LATE PICK-UP POLICY

All aftercare students must be picked up **no later than 6:00 PM.**
A late pick-up fee will apply after 6:00 PM.

**$10 PER 15 MINUTES PER CHILD**

Fees will be added to your account.

### FINANCIAL AGREEMENT

**I understand that I am responsible for full payment of tuition and fees, regardless of my child's attendance.**
**I agree to make payments on time and understand that a late fee will be added to my unpaid balance if payment is not received within 7 days after the due date.**
**I understand that failure to maintain a current account may result in termination of Before Care & Aftercare services.**

| Parent / Guardian Printed Name | Signature | Date |
|---|---|---|
| | | |

### REGISTRATION FEE

A non-refundable registration fee is required for each student enrolling in the Before Care and/or Aftercare Program for the 2026–2027 school year. See page 5 for fee amount and program rates.

If you have any questions regarding tuition, payments, or fees, please contact the school office at **(954) 423-9704** or email **documents@amcharterschool.org.**

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## TUITION & FEE SCHEDULE

The following outlines all rates, fees, discounts, and payment information for the Before Care & Aftercare Program.

### MONTHLY PROGRAM RATES

| PROGRAM | HOURS | MONTHLY TUITION |
|---|---|---|
| **BEFORE CARE** (7:00 AM – 8:00 AM) | Monday – Friday | **$100** per month |
| **AFTERCARE PART-TIME** (3:00 PM – 4:30 PM) | **Regular Days:** 3:00 PM – 4:30 PM<br>**Wednesday:** 2:00 PM – 4:30 PM | **$125** per month |
| **AFTERCARE FULL-TIME** (3:00 PM – 6:00 PM) | **Regular Days:** 3:00 PM – 6:00 PM<br>**Wednesday:** 2:00 PM – 6:00 PM | **$250** per month |

*Aftercare will follow the same program hours as listed above due to school dismissal times.*

### REGISTRATION FEE

**$35**
**PER STUDENT**

A non-refundable registration fee is required for every student enrolled in the Before Care and/or Aftercare Program for the 2026–2027 school year.

★ All students must pay the registration fee at the beginning of the school year.

### DROP-IN CARE DAILY RATES

These rates apply for each day of care used. All students must pay the registration fee at the beginning of the year to receive the discounted registered rate below.

| PROGRAM | REGISTERED RATE (Registration fee paid) | NON-REGISTERED RATE (No registration fee paid) |
|---|---|---|
| **BEFORE CARE** (7:00 AM – 8:00 AM) | **$10** per day | **$45** per day |
| **AFTERCARE** (Part-Time & Full-Time) | **$20** per day | **$60** per day |

Drop-in charges are processed every Friday for the previous week's attendance.

★ If the registration fee has not been paid, the non-registered rate will automatically apply.

### SIBLING DISCOUNT

10% OFF

Families enrolling more than one child in the Before Care and/or Aftercare Program receive **10% OFF** the monthly tuition for each additional enrolled sibling.

### PAYMENT REMINDERS

- ✓ Monthly tuition is due on the first school day of each month.
- ✓ Drop-in charges are processed every Friday.
- ✓ All payments will be charged to the card on file or can be made by calling the Front Office.
- ✓ Registration fees are non-refundable.
- ✓ A late fee will be added to your unpaid balance if payment is not received **7 days after the due date**.
- ✓ Accounts must remain current in order for students to continue participating in the program.

If you have any questions regarding tuition, fees, or payments, please contact the school office at **(954) 423-9704** or email **documents@amcharterschool.org**.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## ENROLLMENT SELECTION

Please select the program and payment option that best fits your family's needs.

### 1 SELECT PROGRAM

☐ **BEFORE CARE**
7:00 AM – 8:00 AM
Monday – Friday

☐ **AFTERCARE PART-TIME**
Regular Days: 3:00 PM – 4:30 PM
Wednesday: 2:00 PM – 4:30 PM

☐ **AFTERCARE FULL-TIME**
Regular Days: 3:00 PM – 6:00 PM
Wednesday: 2:00 PM – 6:00 PM

*Aftercare will follow the same program hours as listed above due to school dismissal times.*

### 2 PAYMENT OPTION

☐ **MONTHLY TUITION**
Billed on the 1st of each month.

OR

☐ **DROP-IN CARE**
Billed based on the days your child attends.

### 3 DAYS NEEDED (For Drop-In Care Only)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

### 4 START DATE

First day of care needed:

_____
MM / DD / YYYY

### 5 ADDITIONAL NOTES

Any special instructions or information we should know:

_____

_____

### PLEASE NOTE

- All information provided must be accurate and up to date.
- Changes to your schedule or payment option must be made in writing to the Front Office.
- Program participation is not confirmed until all required forms and fees are received.

If you have any questions, please contact the school office at **(954) 423-9704** or email **documents@amcharterschool.org**.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## STUDENT INFORMATION

Student's Full Name: _____ Date of Birth: _____

Grade (2026–2027): _____ Teacher: _____

Parent / Guardian Name: _____

## AUTHORIZED PICK-UP INFORMATION

Please list all individuals who are authorized to pick up your child from Before Care & Aftercare.

| NAME | RELATIONSHIP | PHONE NUMBER |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

**PLEASE NOTE:**
Anyone not listed above will not be permitted to pick up your child unless prior written approval is provided to the Front Office.

## ACKNOWLEDGEMENT

By signing below, I confirm that the information provided in this enrollment packet is accurate and complete. I agree to follow the Before Care & Aftercare Program policies and procedures.

_____ _____

Parent / Guardian Signature Date

**IMPORTANT REMINDER**
Enrollment is not complete until all forms are submitted and the registration fee is paid (if applicable). Please review all pages and ensure every section is filled out.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## EMERGENCY & HEALTH INFORMATION

Please provide the following information to help us keep your child safe and healthy.

### 1 EMERGENCY CONTACTS

List two emergency contacts other than the parent/guardian.

| NAME | RELATIONSHIP | PHONE NUMBER |
|---|---|---|
| 1. | | |
| 2. | | |

### 2 MEDICAL INFORMATION

Does your child have any allergies, medical conditions, or dietary restrictions? ☐ Yes ☐ No

If yes, please explain: _____

_____

Does your child take any medication? ☐ Yes ☐ No

If yes, please list the medication and any special instructions:

_____

_____

### 3 HEALTH CARE AUTHORIZATION

In the event that I cannot be reached in an emergency, I give permission for school staff to seek emergency medical care for my child.

☐ Yes, I give permission. ☐ No, I do not give permission.

### 4 ADDITIONAL NOTES

Please share any additional information that would be helpful for our staff to know about your child.

_____

_____

_____

### PLEASE NOTE:

It is important that all information is accurate and kept up to date.
Please notify the Front Office of any changes.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## PAYMENT INFORMATION & BILLING SCHEDULE

Please provide your payment information. All tuition and fees must be paid by the due dates listed below.

### 1 PAYMENT METHOD

Please select one option.

**CALL SCHOOL OFFICE**
I will contact the Front Office to provide payment information.

### 2 CARD INFORMATION

Please complete all fields below.

Cardholder Name: _____

Card Number: _____ _____ _____ _____ _____

Expiration Date: _____ / _____ Security Code (CVV): _____

Billing ZIP Code: _____

### 3 AUTHORIZATION

By signing below, I authorize Atlantic Montessori Charter School to charge the card provided above for all Before Care & Aftercare fees, including monthly tuition, drop-in care charges, and any other applicable fees.

_____ Parent / Guardian Signature

_____ Date

### 4 BILLING SCHEDULE

| MONTH | MONTHLY TUITION (Due on the first school day of each month) | DROP-IN CARE (Billed every Friday for the previous week's attendance) |
|---|---|---|
| August 2026 | First school day of August | Every Friday |
| September 2026 | First school day of September | Every Friday |
| October 2026 | First school day of October | Every Friday |
| November 2026 | First school day of November | Every Friday |
| December 2026 | First school day of December | Every Friday |
| January 2027 | First school day of January | Every Friday |
| February 2027 | First school day of February | Every Friday |
| March 2027 | First school day of March | Every Friday |
| April 2027 | First school day of April | Every Friday |
| May 2027 | First school day of May | Every Friday |

**By initialing below, I acknowledge that I have read and understand the billing schedule above.**

Initials: _____

### IMPORTANT REMINDERS

- ✓ Monthly tuition is due on the first school day of each month.
- ✓ Drop-in charges are processed every Friday for the previous week's attendance.
- ✓ All payments will be charged to the card provided.
- ✓ A late fee will be added to your unpaid balance if payment is not received within 7 days after the due date.
- ✓ Accounts must remain current in order for students to continue participating in the program.

### LATE PAYMENT POLICY

If payment is not received within 7 days after the due date, a late fee will be added to your unpaid balance. Continued late payments may result in removal from the program.

### RETURNED PAYMENT FEE

A $25 fee will be charged for any returned payments.

If you have any questions regarding payments, fees, or billing, please contact the school office at (954) 423-9704 or email documents@amcharterschool.org.

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## BEHAVIOR POLICY & PARENT EXPECTATIONS

Our goal is to provide a safe, respectful, and positive environment where all students can learn, grow, and have a great experience before and after the school day.

### OUR EXPECTATIONS

Students are expected to:

- Be respectful to all staff and students.
- Follow directions the first time they are given.
- Use kind words and appropriate language.
- Keep hands, feet, and objects to themselves.
- Take care of school property and materials.
- Stay in the assigned area and with the group.
- Complete homework and participate in activities.
- Have fun and make positive choices!

### UNACCEPTABLE BEHAVIOR

The following behaviors are not allowed:

- Bullying, teasing, or threatening others
- Fighting or physical aggression
- Use of inappropriate or offensive language
- Disrespect toward staff or other students
- Destruction of school property
- Bringing prohibited items
- Leaving the program area without permission
- Any behavior that puts others at risk

### CONSEQUENCES

When a student does not follow expectations, the following steps may be taken:

1. Verbal reminder and redirection
2. Discussion with student
3. Parent notification
4. Behavior plan or loss of privileges
5. Removal from the program (if behavior continues or is severe)

### SAFETY FIRST

The safety and well-being of all students is our top priority. We reserve the right to dismiss any student whose behavior is disruptive, unsafe, or harmful to others.

### PARENT PARTNERSHIP

We believe that clear communication and partnership with families help students succeed.
If your child is having difficulty meeting expectations, we will work with you to support positive change.
Please contact the Program Director or Front Office with any questions or concerns.

### ACKNOWLEDGMENT

I have read and understand the Behavior Policy and Parent Expectations.
I agree to support the program in encouraging positive behavior.

| Parent / Guardian Printed Name | Parent / Guardian Signature | Date |
|---|---|---|

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## PHOTO & MEDIA RELEASE

Atlantic Montessori Charter School occasionally uses photographs or videos of students for school-related purposes. Please indicate your permission below.

### I GIVE PERMISSION

I give permission for Atlantic Montessori Charter School to photograph or video my child and use the images for the purposes checked below.

### I DO NOT GIVE PERMISSION

I do not give permission for Atlantic Montessori Charter School to photograph or video my child for any of the purposes listed.

| PLEASE CHECK ALL THAT APPLY | YES, I GIVE PERMISSION | NO, I DO NOT GIVE PERMISSION |
|---|---|---|
| **SCHOOL WEBSITE** Photos or videos may be used on the school's official website. | ☐ | ☐ |
| **SOCIAL MEDIA** Photos or videos may be used on the school's social media pages, including Facebook and Instagram. | ☐ | ☐ |
| **PRINTED PUBLICATIONS** Photos may be used in printed newsletters, flyers, or other school publications. | ☐ | ☐ |
| **MARKETING MATERIALS** Photos or videos may be used in marketing materials to promote the school and its programs. | ☐ | ☐ |
| **CLASSROOM & SCHOOL ACTIVITIES** Photos or videos may be used for classroom projects, displays, or internal school use. | ☐ | ☐ |

*No student's name will be used without additional written permission.*

### PARENT / GUARDIAN ACKNOWLEDGMENT

I understand that my child's image may be used for the purposes selected above.
I can change or revoke this permission at any time by contacting the Front Office in writing.

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____

Date _____

### OFFICE USE ONLY

Received By: _____ Date: _____ Permission Recorded: ☐ Yes ☐ No

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE ENROLLMENT PACKET

2026–2027 SCHOOL YEAR

## LIABILITY WAIVER & EMERGENCY RELEASE

The safety and well-being of your child is our highest priority. Please read the following information carefully and sign below to acknowledge your understanding and agreement.

### ASSUMPTION OF RISK

I understand that participation in Before Care & Aftercare activities may involve certain risks, including but not limited to, accidents, injuries, or illness. I voluntarily enroll my child in these programs with full knowledge of the potential risks.

### EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorize Atlantic Montessori Charter School staff to obtain emergency medical treatment for my child as deemed necessary. I understand that I will be responsible for all related medical expenses.

### TRANSPORTATION

I give permission for staff to transport my child by private vehicle or school-arranged transportation in the event of an emergency if parent/guardian cannot be reached.

### PERSONAL BELONGINGS

I understand that Atlantic Montessori Charter School is not responsible for lost, stolen, or damaged personal items, including but not limited to electronics, toys, jewelry, money, or clothing.

### RELEASE OF LIABILITY

To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless Atlantic Montessori Charter School, its owners, employees, agents, and volunteers from any and all claims, liabilities, damages, or expenses arising from my child's participation in the Before Care & Aftercare Program.

### ACKNOWLEDGMENT

I have read and understand this Liability Waiver and Emergency Release. I agree to abide by all program policies and understand that this form remains in effect for the 2026–2027 school year.

### PARENT / GUARDIAN SIGNATURE

By signing below, I acknowledge that I have read, understand, and agree to the terms outlined in this Liability Waiver & Emergency Release.

| Parent / Guardian Printed Name | Parent / Guardian Signature | Date |
|---|---|---|
| _____ | _____ | _____ |

### OFFICE USE ONLY

Reviewed By: _____ Date: _____ Waiver on File: ☐ Yes ☐ No

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE & AFTERCARE BILLING SCHEDULE

## 2026–2027 SCHOOL YEAR

This schedule shows when monthly tuition is due and when drop-in care charges will be billed. Please keep this page for your records.

| MONTH | MONTHLY TUITION (Due on the first school day of each month) | DROP-IN CARE (Billed every Friday for the previous week's attendance) |
|---|---|---|
| AUGUST 2026 | First school day of August | Every Friday of August |
| SEPTEMBER 2026 | First school day of September | Every Friday of September |
| OCTOBER 2026 | First school day of October | Every Friday of October |
| NOVEMBER 2026 | First school day of November | Every Friday of November |
| DECEMBER 2026 | First school day of December | Every Friday of December |
| JANUARY 2027 | First school day of January | Every Friday of January |
| FEBRUARY 2027 | First school day of February | Every Friday of February |
| MARCH 2027 | First school day of March | Every Friday of March |
| APRIL 2027 | First school day of April | Every Friday of April |
| MAY 2027 | First school day of May | Every Friday of May |

## IMPORTANT REMINDERS

- Monthly tuition is due on the first school day of each month.
- Drop-in charges are billed every Friday for the previous week's attendance.
- All payments will be charged to the card on file or can be made by calling the Front Office.
- A late fee will be added to your unpaid balance if payment is not received **within 7 days after the due date.**
- Accounts must remain current in order for students to continue participating in the program.

## QUESTIONS?

If you have any questions regarding payments, fees, or billing, please contact the school office.
**(954) 423-9704 | documents@amcharterschool.org**

## PLEASE NOTE:

Payment dates are based on the school calendar. If there are any changes to the schedule, families will be notified in advance.

*Thank you for your partnership and support!*

Atlantic Montessori Charter School
A New Dawn of Learning

# BEFORE CARE SIGN-IN / OUT SHEET

★ PLEASE SIGN YOUR CHILD(REN) IN AND OUT EACH DAY ★

WEEK OF: _____

DATE RANGE: _____

| CHILD'S NAME | GRADE | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | SIGN IN | SIGN OUT | SIGN IN | SIGN OUT | SIGN IN | SIGN OUT | SIGN IN | SIGN OUT | SIGN IN | SIGN OUT |
| | | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME |
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FOR STAFF USE ONLY

Atlantic Montessori Charter School
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# AFTERCARE SIGN-OUT SHEET

★ PLEASE SIGN YOUR CHILD(REN) OUT EACH DAY ★

WEEK OF: _____

DATE RANGE: _____

| CHILD'S NAME | GRADE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|---|
| | | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME | PARENT / GUARDIAN SIGNATURE & TIME |
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