



Before and After School Care Request

Please complete and submit to Ms. [redacted]

CDLC Name: _____

Select what day and session you are requesting:

\$20/line

_____ Monday AM _____ Tuesday AM _____ Wednesday AM _____ Thursday AM

8:00 - 9:00am 8:00 - 9:00am 8:00 - 9:00am 8:00 - 9:00am

_____ Monday PM _____ Tuesday PM _____ Wednesday PM _____ Thursday PM

3:15 - 5:00pm 3:15 - 5:00pm 3:15 - 5:00pm 3:15 - 5:00pm

This request is for the work of:

Repeated Occurrence: _____ Weekly _____ Monthly